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The Thinking Heart: The Lived Experience of Older First Time Mothers

By

Joyce Kathleen Engel

A thesis submitted to the Faculty of Graduate Studies and Research
in partial fulfillment of the

requirements for the degree of
Doctor of Philosophy

Faculty of Nursing

Edmonton, Alberta
Fall 2003

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September 26, 2003

University of Alberta

Faculty of Graduate Studies and Research

The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research for acceptance, a thesis entitled **The Thinking Heart: The Lived Experience of Older First Time Mothers** submitted by **Joyce Kathleen Engel** in partial fulfillment of the requirements for the degree of **Doctor of Philosophy.**

Dr. Vangie Bergum

Dr. Marion Allen

Dr. David Smith

Dr. Wendy Austin

Dr. Marjorie MacIntyre

September 10, 2003

This manuscript is dedicated to my family, to my husband and to my children, without which I would have experienced and known so little about mothering and about life.

Abstract

In the decade between 1987 and 1997, the number of births to women 30 years and older nearly doubled in Canada, suggesting that older childbearing and mothering deserve as much interest as teenage childbearing and mothering. Previous studies in this area have tended to focus on the fetal and maternal risks associated with older pregnancy and labor, and on the transition phase of mothering. The purpose of this hermeneutic phenomenological study was to discover the lived experience of older first time mothers. Participants were mothers who identified themselves as older and whose first child was 3 years or older. Nine mothers participated in the study, which involved in-depth conversations with guiding questions such as: What is it like to mother for the first time?; and What led to the perception of being an older mother? Conversations were transcribed and thematic statements developed, using the life-world existentials of lived space, lived time, lived relationships, and lived corporeality to deepen consideration of meaning. *Mothering Project: Project of Life*, the experience of deliberative decision making and deviation between embodied and external age that characterizes the experience of pregnancy for mothers in the study is explored. *Mothering Project: Overwhelming Early Days* describes the meaning of knowing life and being old enough to know and yet, not knowing mothering. *Mothering Project: The Thinking Heart* explores the lasting fatigue, the thoughtfulness of older mothering practice, awareness of mortality, and the aging that occurs in social interactions with others. *Mothering Project: Mother Networks* explores the need of older mothers for their own mothers, challenges in being-out-of-step with older friends and with younger mothers, isolation and friendships, and

relationships with partners. Implications for nursing practice, education, and research are presented, including the need to view mothering as continuum and not as an episode. Mothering needs to be seen as a resource for healthy living. Within this context, taking services and respite out to older mothers; supporting their capacity to bear healthy children; providing rich information through a variety of venues, including the Internet; and assisting students and practitioners to understand older mothering may assist mothers.

Acknowledgements

I owe my thanks to the many who supported and assisted me throughout my doctoral journey and in the writing of my dissertation.

To my dissertation supervisor, Dr. Vangie Bergum, I owe very special thanks as she challenged me to move beyond the naïve assumptions with which I came to the study. Her gentle and insightful probing and guidance when it really mattered, and her sensitivity to the various aspects of my life that fell in and outside the dissertation, deserve particular mention. Dr. Bergum's deep respect for method, mothers, and her students has inspired me to consider mothering and teaching differently.

Dr. David Smith and Dr. Marion Allen have been part of the journey of my studies and dissertation at different points. Dr. Smith's conviction that questions and meaning are always on the way has continuously intrigued and challenged me. Dr. Allen's understanding of nursing and of practice and her ability to ask questions out of this understanding remains rooted in my approach to both. Thank you both for your encouragement and support.

Special thanks to colleagues Anna Schottner and Ann Bevan who read and re-read drafts, shared their understandings and meanings of mothering practice, and assisted in keeping me close to meaning. Thank you, as well, to Lorrie Schmidt and Sue Bate who faithfully and carefully transcribed the many pages of conversations. And, to the many colleagues and friends who listened as I struggled with making

sense of ideas and meanings, passed along word of the study to potential participants, and encouraged and supported, my deepest appreciation.

To the mothers who gave of their time, their experience, and their hearts, thank you. This study could not have been possible without your willingness to give voice to your experiences so that other mothers could feel understanding and support in their experiences.

And finally, to Stan, my husband, and my children, Lindsay, Braden, Kenton, Justin, and Devin, thank you for your love, your encouragement, support, and belief in me. All of that behind me has helped me to keep moving ahead. Thank you, as well, to my parents Beth and Ron King-Hunter, who continuously inspired so lovingly, and to my in-laws, Teana and Rueben Engel, who have given their support to this mothering project.

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CHAPTER ONE

THE LIVED EXPERIENCE OF BEING AN OLDER FIRST TIME MOTHER

> Where do mothers learn to be mothers? Women learn to be mothers from their own experience of being mothers. They also learn to be mothers from their own mothers and from their friends, as well as from books, childbirth educators, and physicians. The most significant place where mothers learn to be mothers, however, may be in conversations with other mothers.
>
> (Bergum, 1997, p. 23)

Telling the story of being an older first time mother parallels a process that is natural to most who are mothers and is integral to the practice of nurses and of others who listen to whispers, laughter, and tones of mothering shared. As mothers, stories come in everyday wrappings. Stories entertain, teach, soothe, and inform our children and us. Through stories, we explore and share our experiences of what it is like to mother and what it is like to be a mother. Often, the texture and threads in the stories appear in deep relief, "Being born into motherhood is the sharpest pain I've ever known" (Chesler, 1979, p. 281). Sometimes, the texture of stories is soft and smooth, sliding over the experience like silk over skin, gently touching details and meanings. Harriet Lerner (1994) recounts the gentle admonition of Charlene, to her friend Nancy, in which Charlene wisely says "you can't be a mother for all seasons" (p. 45), thus reminding Nancy, and us all, that stages in the life of a child will come

and go, irrespective of how well we mother. It is, regardless, a journey into selfhood, that Rabuzzi (1985) says cries out to be told and to be shared.

Though stories, we connect to other mothers, including to our own mothers. Fischer (1988) notes that when "daughters become mothers, they often find themselves with a new need for mother" (p. 214). This newly sensitized connection signals our own movement towards motherhood and to that of our mothers. "A pregnant woman is one's own mother pregnant with oneself" (Chesler, 1979, p. 35). As mothers, daughters develop new insights into the stories that have been the fabric of their mothers' experiences, frequently renegotiating the relationship with their mother (Breen, 1975; Chesler; Lerner, 1998) and weaving the renegotiated relationship into the stories that they frame for their children.

As nurses and as privileged listeners, we share the stories of mothers, as they tell of joys, pains, uncertainties, and triumphs in their everyday lives. Through their stories, we come to understand the meaning and significance of mothering. These insights assist us as mothers or nurses, or as both, to better see that human experience is at once open and predictable, and that our support, teaching, and guidance need to embrace the rich diversity of the mothering experience. Boykin and Schoendofer (1991) strongly advocate storytelling as an important way of knowing and understanding, and of building practice wisdom. It is a way of entering the world of the person for whom we care, understanding the world and the calls emerging from it, and responding to them. Any approach short of this cannot be identified as nursing.

The story of being an older first time mother has not yet been told from the inside, from those who know. Review of the literature suggests that the experience of

the older mother has been largely etherized, medicalized, and reduced to objective discussions of the effects of the habitation of the fetus in the woman. It has also been described as a social phenomenon because of marked shifts towards delayed childbearing (Mansfield, 1986; Twiss, 1989) that is attributed to greater reproductive control for women (Harker & Thorpe, 1992; Twiss; Welles-Nystrom, 1997). While the turn to viewing older mothering as a social phenomenon has produced terms with kinder, less medical orientation (Welles-Nystrom), neither the medical nor the social approach has captured the significance and meaning of what it is like to be an older mother, which is the intent of this study. The challenge in telling such as story is to move beyond the tendency to anaesthetize experience and to uncover descriptions and meanings in the everyday experiences of older mothers in a way that does not destroy, trivialize, or decontextualize how these women live in their mothering world. It is to move beyond the taken-for-granted that forms our typical encounters; to describe and interpret the invisible environment of motherhood, that Maushart (1999) and Chesler (1979) suggest is so familiar, it has yet to be fully articulated. It is to reflect the threads, stitches, and textures in the experience in such a way that others will say 'yes, that quilt was sewn from the rich fabric of human experience'.

Coming to the Question

In a rather naïve fashion, I have known for some time what my question for my study would be, or at least, I knew that in some way I wanted to explore what it was like to be older and to be a mother. As Gadamer (1989) suggests, the coming-to-the-question is a process of being taken to task, addressed, disrupted, and opened to possibilities that move beyond the first life breath of question. It is a call to how

what we know in our experience is known in the world-as-experienced by others; it is a call that is simultaneously to the known and to the unknown and to the transcendence of both. In my fascination with the phenomenon of older mothering, I have been propelled to consciousness of my own self and my involvement in the question as an older first time mother, the daughter of an older first time mother, and the granddaughter of two older first time mothers.

> I never knew her, at least not face-to-face. Her stories were left for her son to tell, because she had no daughters, but her impact on her son was unmistakable. I know they shared the same nose, but I think they also shared a sense of family and courage that served to propel them into the kinds of relationships that were deep, respectful, and caring. He often spoke of her courage in coming to this raw country from a life that sounded so civilized, with boxes of laced clothing, fine china from India, and rosewood. I doubt that Dad knew and I did not know until recently, that Grandma's coming to Canada was more than a journey *to* new life; it was a journey *with* new life. At thirty-eight, she was all at once a bride, a traveler, a settler, and a first time mother. I wonder what she thought as she disembarked the ship in Canada, her feet touching unfamiliar earth, her hand touching her belly, and her cargo safely stowed. Which journey and what transformation were really uppermost for her? ...Imagine not knowing if there would even be a friend there, when your time came, and not knowing where you would turn with your worries and stories...Perhaps her understanding of such a full responsibility in a harsh land is what led her to be a verbal and compassionate nurse-midwife with

many other mothers. *Now Mr Beaman...*(her finger wagging)*...your wife is not to lift for six weeks. She has had a hard time of it and you need to decide whether you want a live mother or a dead wife.*

As an involved participant, Gadamer (1989) says that it is essential that I, as the inquirer, come to the text, prepared for it to give something of itself while continuously and consciously assimilating fore-meanings and prejudices. Jardine (1994) expresses this as the work of "explicating how the text of my experience interweaves with texture of human life as whole, and how this happens in such a way that I do reduce the texture of human life to 'my experience'"(p. 74). Such explication does not mean, as some authors suggest, the removal of prejudices and biases (Cohen, 1987; Lincoln, 1990; Walters, 1995) but rather identification of prejudices and biases, deliberation as to the "objectifications and boundaries" (Jardine, p. 69) that are already present in our experience, and thoughtful sharpening of the edge of our own perceptions.

Coming to the question may then be the most significant process in any phenomenological process, as it not only defines the question, but brings into play consideration of natural or grounding beliefs (Husserl, 1913/1969; Jardine, 1994). In this study of older mothering, it has been critical to address my own involvement with older mothering and the extent to which my professional orientation influenced my concepts of maternal age and mothering and the language that I used to describe the experience of older mothering. As a result, I have been challenged to consider the boundaries that my own experiences might place around my inquiry and how I listen. Should I, for example, explore the experiences of elderly primiparas? What does it

mean to be a primipara? What does it mean to be elderly? Are the boundaries associated with the term elderly primipara appropriate to a study of the ordinary experiences of older mothers?

Is the Term Elderly Primipara Appropriate?

> It is as though he listened and such listening as his enfolds us in a silence in which at last we begin to hear what we are meant to be.
>
> (Lao-Tze Tao The King, in Cranmer, 1905, p. 53)

Consideration of the fore-meaning and fore-structure (Heidegger, 1962) of my own experience and understanding has moved me beyond self-narrative as to a greater thoughtfulness of the question. I have moved beyond the bemusement that I experienced during my own labor, when I was asked if I would like Demerol, because with a rising blood pressure and as an *elderly primipara,* Demerol might somehow assist in making the labor easier. I was able to forgive the suggestion of Demerol, but for years, being called an elderly primipara came to the forefront of my discussions related to mothering. What was it that intrigued, interrupted me about being called an elderly primipara? Was it because I was suddenly confronted with how the medical community and time defined my very personal experience? Or was it the oxymoron of being elderly and having a first child? Was I bearing fruit out of season?

Primi comes from the Middle English word *prime* meaning the *first canonical hour* and from the French *the first houre of the day*; para comes from the Greek *napa* or *beside* and is also allied to the Sanskrit para, meaning *away, from, forth, towards.* Elderly comes from *eld*, referring to *nearly obsolete; but once common* and obsolete itself arises from the Latin to *grow old, decay* (Skeat, 1961). The sheer contradiction

of first motion implied by primipara and the inertia of elderly calls forth an image of suspended fertility and labor. Were my arthritic pelvis and rigid cervix indeed too unyielding to birth the child that had been seeded and nurtured to term? Would my fragile and decayed pelvis grate and groan with the pulls and intensity of its own labor? Was the grain too shriveled to bear and give forth vigorous fruit? Was I a problem for the caregivers? How did others really see me as a mother? The experience of being told that I was an oxymoron or a paradox teased and intrigued me as I engaged further in the experience of mothering my first child and in bearing and raising subsequent children. What is it, if anything, that makes older parenting unique? Is it simply that others, such as the nurse in my experience, see the older parent as older, and perhaps, as Enter (1993), Mansfield (1988), Ellicott (1985), and Ragozin, Basham, Crnnic, Greenberg, and Robinson (1982) suggest, too late and out-of-step? What does it mean to be out-of-step?

Subsequent discussions and readings raised even further possibilities beyond my initial assumptions and wonderings. Would I even use the term, elderly primipara, which is so familiar to me and to other nurses and caregivers in the health field? Elderly primipara is unequivocal in its meaning for those in health care and is commonly viewed as mothers who give first live birth at the age of 35 years of age or older. Thirty-five, as Hellman (1946) suggests, is the point at which youth ends and old age begins "far as human reproduction is concerned" (p. 418). It is the point, medically, when obsolescence occurs in childbearing, rather than the transition to adulthood suggested by Lerner (1998) in the move to motherhood from the not-

motherhood state. "Your children will call on you to grow up" (p. 309) rather than to die.

Elderly primipara is not only meaningful to health care givers but has undisputed fecundity in medical and health care where suspicion and pessimism have flourished throughout this century around delayed childbearing (Mansfield, 1988), albeit with limited reason (Ragozin et al., 1982). For example, Mansfield's study of early medical literature suggests that by 1900, medical students were being told that delayed childbirth was a phenomenon to be dreaded by both mother and physician. By the 1950s, the well known family planning expert, Alan Guttmacher, was so passionate about the need to start families early, that he advocated placing this message on the walls of high schools and colleges (Guttmacher, cited in Mansfield). Medelsohn, a patient advocate and physician, advises mothers to inform their physicians if they are 29 or older because as soon as they are 30, they are considered geriatric and all opportunity for natural birth is impossible (Bruce, cited in Mansfield). Even in the twentieth and early twenty-first centuries, delayed childbearing is frequently accorded the status of dreaded twentieth century scourges such as tuberculosis and diptheria and imbued with the aura of being a physical aberration that defies the accepted laws of medicine and nature (Berkowitz, Skovron, Lapinski, & Berkowitz, 1990; Heck, Schoendorf, Ventura, & Kiely, 1997; Henry, 1993; Marocilis, 1991). Its only grace may be that it is not infectious; otherwise, it may have been long ago eradicated through vaccination or other forms of sterilization.

The concept of delayed childbearing as a physical abomination has been supported by various studies that suggest maternal age increases the need for medical intervention (Ragozin et al., 1982). Intervention is necessitated by increased risk for decreased reproductive vigor, breast cancer, hypertension, toxemia, caesarian section, diabetes mellitus, heart disease, kidney disease, slow section stage labor, placental abnormalities, post partum hemorrhage, and death (Berkowitz et al, 1990; Heck et al, 1997; Hellman, 1946; Henry, 1992; Kessler, Lancet, Borenstein, & Steinmetz, 1980; Mansfield, 1986, 1988; Marocilis, 1991; Ragozin et al; White, 1987). While Mansfield (1986) suggests that many of the conclusions from these studies are questionable because of methodological flaws, the notion of the flawed egg continues to have a profound and prevailing influence on the ways in which we view delayed mothering. Mansfield speculates that this pessimistic view of delayed mothering has actually produced many of the outcomes attributed to old age. The urge to intervene with older mothers has led to increased rates of caesarian section with its associated risks of infection and hemorrhage, complications that were particularly troublesome prior to the development of antibiotics and transfusions.

Despite a lack of evidence to support "dramatic morphological changes" and decreased "reproductive efficiency at age 35" (Mansfield, 1986, p. 54), studies continue to focus on issues of the uterus and of the fetus, thus restricting the impact of the older egg to maternal and fetal outcomes. A number of studies suggest that the fetuses and babies of mothers of advanced maternal age are more likely to experience prematurity, low birth weight, congenital abnormalities, chromosomal abnormalities, and death (Berkowitz et al, 1990; Chiechi, Fanelli, Lobascio, Serio, & Loizzi, 1996;

Hellman, 1946; Horger & Smythe, 1977; Mansfield, 1986; Nandi & Nelson, 1992; Nichols & Zwelling, 1997; Scholz, Haas, & Petru, 1999).

Preoccupation with the physical effects of the over ripened mother is severely limiting in scope and in concern. Grosz (1994) suggests that preoccupation with the physical separates body and mind (and hence, body and the subjectivity of mothering) in a Cartesian dualism of body and mind, which renders the body more amenable to analysis, study, and treatment (Duden, 1993; Wilbur, 1996). Reducing the female being to body, and even more narrowly, to uterus, during pregnancy encourages mother and especially older mothers, who are labeled high risk, to consider themselves as diseases and deviates from normal health. The negative connotations and mind body separations associated with being an older mother (Harker & Thorpe, 1992) powerfully disconnect older mothers from the continuity of the mothering experience, thus rendering them more isolated and in need of reassurance about the potential problems that they may encounter (Meisenhelder & Meservey, 1987).

Beyond deviation and cure, or beyond the historicity and fecundity of elderly primipara, is the sense that the term is limited by the very nature of language. Primipara is used primarily to refer to the process and act of live birthing; it does not extend to the sense of live parenting or mothering, which as Kristeva (1986) poeticizes in the Stabat Mater, is the embodiment of self, body, self extended, and irreversibility.

> My body is no longer mine, it doubles up, suffers, bleeds, catches cold, puts its teeth in, slobbers, coughs, is covered with pimples, and it laughs…As if that was what I had given birth to and, not willing to part from me, dwelled in

> me permanently. One does not give birth in pain, one gives birth to pain; the child represents it and henceforth it settles in, it is continuous (p. 167).

Mothering is more than the specifics of the unity of bearing child and the splitting of this unity during birthing (Bergum, 1997) and thus, within the language of Kristeva, the pain of being older and a mother is that of connection, rather than of disconnection. Elderly primiparity and perhaps mothering at any time is not a starting and a stopping, but rather a further immersion in the growth and discovery (Maushart, 1999) of what it means to be fully human and fully female.

> I knew her as one of my role models; as an older mother, a well-respected professional, and as a friend, I asked her to share her experience of mothering with me through a course assignment in my doctoral studies. She was also part of the question that was addressing me. She sighed and paused. She was intelligent, accomplished, and sixty. Her daughter was 18. She spoke of her life before birth, when she could read voraciously and supper late. This child, wanted, treasured, had arrived literally, on the way home from work. Months later, following birth, she was swallowed in the connection that she had with her baby. *I ate when she was settled and I went to bed when she allowed me; time was no longer mine to shrink and expand. I could no longer read*....And she described her desperation vividly....*I crept into a corner of the room at three one morning, turned on the light there, and read.* Her connection was real, irreversible, and bewildering....*I put her teddy bear on the typewriter and cried while I typed my thesis*...At 60..."I can't truthfully say I haven't longed for the day she would be older. It's been a long grind for

somebody from 41 to 60...It's been a *long, long* time."

What is Older?

When I first approached the question of older first time parenting, I assumed that I would use the historically common medical definition of geriatric, or elderly, or delayed childbearing, which is bearing child at 35 years of age or older. Discourse with others, including mothers, suggests that this definition may be arbitrary and that it may not resonate well with perceptions held by other than those within nursing and medicine. Women with whom I talked in friendship and in my nursing practice suggested that they considered themselves older first time mothers even though they were half a decade less than the age commonly assigned to elderly primiparity or advanced maternal age within nursing and medical literature. When I asked these mothers what led them to consider themselves older, they recounted a sense of being older than mothers with whom they took prenatal classes, or with whom they shared the birthing experience, or with whom they shared playground space. For some it was the sense that their friends had children who were much older and so, it was the experience of being unique, unusual, or different from others around them. For others, it was the experience of raising a child that, for them, had been long awaited and to whom the experience had seemed an impossible probability. It was, for them, an experience akin to that of the Biblical Elizabeth, mother of John the Baptist (Luke 1:5-80, New Revised Standard Version) who, although barren and stricken with years, becomes miraculously pregnant, thus erasing the disgrace that her sterility had accorded her (Buttrick et al., 1952), and charging her with the experience of prophet-making.

For contemporary scholars, the task of defining delayed childbearing is fraught with discussion and some disagreement. Bloom (1984) suggests that there is difficulty in studying delayed childbearing because there is no single, consensual definition. A review of the literature suggests that this is likely so. Roosa (1988) defines delayed childbearing as "giving birth to a first child at 28 or older" (p. 322) whereas Randell (1993) in her study of older primiparas selected participants who were 30 and older. Similarly, Eggebeen and Uhlenberg (1989) considered initiation of childbearing past 30 as delayed childbearing in their study of changes in the distribution of parents over a 40 year span. Consideration of these differences suggests that accepting the mothers' perceptions of themselves as older may yield a richer understanding and text rather than accepting an arbitrary age assignment, and may yield "a thoughtful reflective grasping of what it is that renders this or that particular experience its special significance" (Van Manen, 1984, p. 37). What *does* it mean to be older for these mothers? What does older mean? How did they come to understand themselves as older? What happens when you are *older* and you *are* a mother?

> The bird would cease and be as other birds
> But that he knows in singing not to sing.
> The question that he frames in all but words
> Is what to make of a diminished thing.
>
> (Robert Frost, 1920, p.14)

Why Older Mother and Not Older Parent?

When I first considered the question, I used the word parent instead of mother in my question. The selection of a generic term such as parent came out of my uncertainty as to whether parenting is distinct from mothering. Parent has its etymological roots in eleventh century French language, meaning *to beget, bring forth; a mother or a father*, or *by extension, an ancestor* (*Compact edition of the Oxford English Dictionary* [*OED*], 1971). Is a mother not a parent, then? Parenting, childbearing, and giving birth all have etymological origins in bearing, bringing forth, and safe-keeping (Van Manen, 2001). Van Manen, however, is very clear that mothering and fathering are distinct because the way in which the child is given to the mother is different than the way in which the child is given to the father. A man has to acknowledge that the child is his whereas the woman is already inhabited before she can accept or reject the child. Parents provide for place and space for the child; only the mother can provide intimate space within the womb. The child and mother lay together inside the womb and share life. To consider parenting instead of mothering may be to make it genderless and in doing so, Bergum (1997) suggests that mothering becomes disembodied.

The need to consider mothering as a phenomenon distinct from parenting is highlighted by Robert Frost, the well-known American poet, in an interview related to *Death of the Hired Man*. Frost says that "Mary's view of home is 'feminine way of it, the mother way. You don't have to deserve your mother's love. You have to deserve your father's...." (Kilcup, 2001, p. 83). The different way in which mothers and fathers experience the child is also highlighted in Palkovitz and Copes' study in

which they found that mothers experienced different and perhaps even more profound changes than fathers in the transition to parenthood (1988). Their postulation that differences may be partially ascribed to the involuntary changes in body that the mother undergoes during birth, is perhaps an interesting affirmation of Vangie Bergum's assertion that mothering is an intimate mind/body experience.

> Being "with child" is a commingling, an entangling...What affects the woman affects the fetus, and as the child evolves so does the mother...The process in which men move to fatherhood, too, is different from women's move to motherhood. It can also be dramatic and powerful, but men who father will not experience the movement of the baby within. They do not feel the hiccups, the flips, the rolls...of the developing child...Men do not need to watch what they eat, nor do they experience enlarging and draining breasts....(Bergum, 1989, p. 53).

Benedek (1959), too, suggests that mothering differs from fathering. According to Benedek, the mother is driven towards attachment because of physiological changes; the father, however, finds attachment through voluntary association that involves the infant as object. Attachment of the mother may be enduringly lingering in a manner that is characteristic of her history and search for the intimacy, complexity, and connectedness of human relationships (Thevenin, 1993). Lingering attachment may also express the tendency of mothers towards a decreased sense of self worth, perhaps as a result of their capacity for introspection (Rossi, 1968) and for self-effacement, which leads ultimately to sacrifice (Rubenstein, 1998). For the introspective mother, the fruit is never fully birthed and so she retains

lingering responsibility for the possibilities in the child. The umbilical cord remains invisible and invincible and connects the seed irrevocably to the womb bed from which it grew. The connection between womb seed and womb bed allows both the hesitancy of caught breath and the joyous burst of full expression as the possibilities in the womb are contoured. The choice of the words *mothering* and *mother* is a celebration of the uniqueness of attachment, birthing, and the mind/body experience that embodies the fruit that is never fully delivered from the womb of possibility. Winnicott (1988) suggests that this recognition of the unique nature of mothering is what is embodied in the term "holding the baby", the etymological source of which implies full responsibility for the child, emerging from a high level of symbiosis.

> And when our baby stirs and struggles to be born
> It compels humility; what we began
> Is now its own. (Anne Riddler, cited in Breen, 1975)

Within social contexts, as well, the notion of deep attachment between the life given by mothers and the life received by child differentiates the responsibilities and relationships between mothers and children and fathers and children. This attachment extends to a view that the mother is held responsible beyond the womb for the actions of the child, because that is what mothers do and who they are. Lerner (1998), Rabuzzi (1988) and Thurer (1994) suggest that mothers are judged by who their children are; fathers are judged by how they accomplish their responsibilities as a breadwinner. Subsequently, mothers worry more openly about their children than fathers, notice problems first, and are more likely to sacrifice for their children, which includes the sacrifice of sleep (Maushart, 1999; Rubenstein, 1998).

The First Time

Why the first time experience and not second or third time mothering experiences? What is distinctive about the first time that you mother a child? An amusing chart that I was given some years ago outlines the clarity with which you recall the birth and infancy of each child. For the first birth, you are able to name the date, the hour, the minute, and the second that your child was born. By the third birth, you recall that the newcomer was born the night that the neighbor's barn burned down. Kevin Lemans (1985) in his book on birth order says that the first-born is the one with the most pictures in the baby book. Palkovitz and Copes (1988) state that the "transition to parenthood involves a change of considerable magnitude" (p. 186), a change that is preceived much less dramatically with second and subsequent children. What makes this first mothering experience so dramatic? Perhaps, it is the social mask of motherhood, as Maushart (1999) suggests, that silences voices from expressing the complexity and chaos of motherhood sufficiently that we can come to know it before we embody it. Perhaps, as Phyllis Chesler (cited in Bergum) suggests, "the woman dies as the mother is born" (p. 14). The irrevocable nature of this death or transition implies that this change, this event can never occur again precisely in the same way. Or perhaps it is the groping and uncertainty that comes with each experience: The first teething, the first experience in potty training, the first letting go at the classroom door, that gives the experience of first time mothering such polaroids in memory. Beyond the possibility that first time mothers are more likely to share stories with great clarity and vivid memory, is the possibility that the experience of first time mothering is a unique, distinct experience for mothers and for older

mothers, in particular. To whom do they turn for advice? What is it like to be a competent career woman and an uncertain mother? In my own experience…

> I had listened to new moms many times as a public health nurse as they told me about Jason's refusal to eat peas and Jennifer's waking at three each morning to play. I had given advice on when to feed egg whites and when to stop feeding homogenized milk. None of this prepared me to feed my sleepy newborn daughter. Time and again, the nurses would bring her to me and I would gently tease her lips with my breast. I begged her to feed, stroking her bumpy, first-born skull with my fingers and sliding my fingertips over her silken heels. An hour later, back in the nursery, she would awake, screaming; red faced and hungry. Again, I would try, but exhausted, she would fall back to sleep. On the fifth day, the morning nurse announced that she had lost almost 14 ounces. I was devastated. How could I, this competent, intelligent, professional nurse be such a failure at the basic function of feeding an infant? I peaked in at the 18 year-old down the hall, her infant smacking loudly at her breast. At that moment, I hated her dripping breasts and unconcerned, uninformed competence.

Summary

Traditional empirical research begins by ripping the inquirer, and the topic addressed, out of the tapestry of the life-world. The topic is isolated into variables that can be manipulated and sterilized of its life-world context and the voice of the inquirer is numbed into the silence of objectivity (Jardine, 1994; Morse, 1992). Jardine suggests that the process of stripping the inquirer and the phenomenology

involves intentional severance. We first must disconnect the instance or the phenomena from us and from our lived familiarity with it and then, we must disconnect the instance from all other instances. During the process of disconnection, we are compelled to sever our bias towards the phenomena as we seek to disconnect from our lived familiarity with the instance.

The turn to phenomenology gives a voice to language, practice, and institutions that are common to our being in the life-world. It is a deliberative embracing of the impossibility of escaping prejudice (Gadamer, 1989). Phenomenology assumes that the researcher is implicated in the project. The topic has addressed the researcher and caused a rupture in the life of the researcher. It has, indeed, caused an eruption in the life of the familiar (Jardine, 1992). All knowing comes from this situatedness in the world (Heidegger, 1962) or the life-world, as Husserl (1913/1969) writes it; the question emerges out the-taken-for-granted, but disallows assuming that the world is to be taken-as-granted.

The process of coming to the question is integral to an understanding of why the question has disrupted me, how I have come to know older first time mothering, what I bring to the exploration, and the questions that emerge from my knowing. It allows me, as the inquirer, to put my experience inside the research thoughtfully and to move beyond the mundane, ordinary understanding of my own experience as an older mother. And, it enables the experience of the older mothers in the study to assume the diversity and clarity that only the voices of experience can express.

This study of the life-world of older mothers begins with the question in Chapter One and continues with a discussion of how the question is considered

through a phenomenological approach in Chapter Two. Chapter Three outlines what is currently known about older or delayed mothering in studies and literature and the significance of studying older mothering. The next three chapters (Four, Five, and Six) present the Mothering Project in relation to the experience of pregnancy, transition, and established mothering practices and while separated into chapters, all of the mothering project chapters need to be read as a unity of a complex phenomenon, older mothering. Chapter Seven explores the mother networks of older mothers, through which they come to know others and themselves as mothers and to find opportunities to share their stories. Chapter Eight, the final chapter returns to the methodology and provides an overall thesis of older mothering, with recommendations for nursing education, practice, and research.

CHAPTER TWO

SHARING THE EXPERIENCE

So how do we share the stories that mothers tell? And, how do we listen and write the stories so that others will say that is exactly what I experienced or found! Or so that a practitioner will say...I saw and felt that with my mothers....

The Phenomenological Method

Central to any research is consideration of the nature of science. Traditional views of science tend to envision it as the systematic collection of verifiable knowledge (Gortner, 1990). This view of science is limiting in that the methods chosen must produce studies that are reproducible, values-neutral, and capable of producing knowledge that can be systematically organized into general laws and theories (Carper, 1978; Chinn, 1985). Such views assume that prediction and control is the ultimate aim of science (Moccia, 1988) and that understanding, description, and explanation are the means to achieving prediction and control. The possibility of control predicates that reality, as discovered and known, will be static and nomethetic, and that it will exist irrespective of individual experience. The question of control extends to the inquirer, who is ripped, torn from the usual fabric of discourse and who is called upon to hide the desire that is part of who we are as the human collective. The attempt to hide behind the façade of neutrality, however, shows the hidden desire of traditional research, "the desire for finality, the desire for

control, the relentless human lust to render the human world a harmless picture for our indifferent and disinterested perusal" (Jardine, 1994, p. 6-7).

A number of contemporary nurse researchers and theorists (Chinn, 1985; Moccia, 1988; Phillips, 1996) suggest that traditional views of science may be overly restrictive and harken to empirical, logical, positivist traditions. Lauzon (1995) suggests that envisioning science more broadly as informed, organized, and consensual opinions about the natural world invites criteria for evaluation such as reliability, testability, clarity, precision, and largeness of scope. These criteria can be applied comfortably to interpretive methods such as phenomenology, which is rigorous and precise in the explication of human phenomena, but which is temporal, open, and concerned with understanding.

Phenomenological research is a search for contact and connection with experiences that define the fullness of living (Van Manen, 1984) and is appropriate to coming to know and understand human experiences (Parse, 1998). The turn to phenomenology gives voice to how we are already implicated, already in the middle of things. It gives voice to everyday experience that is fully present, fully immediate, and inescapable. It demands the understanding of how the experience is brought, with all its poetry, pimples, perplexity, and messiness. Describing the experience of being a mother requires openness to the possibility that mothering may not be what it seems or that it is fully what we have already suspected. Phyllis Chesler (1979), Harriet Lerner (1994), and Susan Maushart (1999), for example, describe being a mother as a fully female experience, bounded by the womb, delivered through the vagina, and propagandized by society. Implication in phenomenology demands that

the ear of the inquirer be sufficiently atuned to the experience to hear the boundaries and the connections in experience, however they are manifested. It also demands that the inquirer is ready to tell the story as a transcending understanding that goes beyond the specifics of each experience, "to situate it, to judge it, to comprehend it, endowing lived experience with new meaning" (Burch, 1989, p. 192). It also requires a willingness to acknowledge the multivocity of experience that arises from our limited ability, as humans, to see the whole from our particular place in reality (Gurweitz, 1967; Jardine, 1994), an acknowledgement that is a variance from our human tendency to situate reality as a static entity. It requires, as does mothering, a sensitivity to the blurring of the voices of children at play and yet, an uncanniness in hearing the urgent cry of a single child that commands a new meaning to what fades into the background of familiarity.

The inseparability of researcher from researched in phenomenology requires fundamental shifts in the way in which subjects are described. In objective traditional research, Jardine (1994) suggests that the researcher must relentlessly sever and guard against preconnection to the subject, lest contamination occur, thus letting "things get out of control" (p. 35). The researcher is continuously presented with the need to reassert control through domination, and thus, terms such as *subject* become essential to maintaining power, dualism, and disconnection. The use of the term subject implies that those involved in a study are being acted upon, which is antithetical to the notion of the researcher or inquirer as co-creator and implicated in the reality in which the researcher and researched reside (Mitchell & Cody, 1992; Moccia, 1988; Parse, 1998). Van Manen (2001) suggests instead that those who share their

experiences in a study be described as persons rather than as individuals, because individuals is a term derived from biology and that is used to classify trees, animals, and human beings. Persons imply the very humanness of experience and the opportunities and restrictions placed on meaning that arise from being fully human. The use of person implies the incomparable, irreplaceable uniqueness of each human person and is more consistent with the multivocity of hermeneutic phenomenology. Participants, the word that was used in this study, is derived from the Latin *particeps,* meaning *sharing in* (*Compact edition of the OED*, 1971). Use of the word participants allows the concept of shared meaning, shared power, and implication in the human experience to emerge yet more strongly, as it suggests that there is a *relationship* between those who know and that which is known or the "object as intended" (Gurweitz, 1967, p. 50).

Intentionality is central to all phenomenology. Husserl (1913/1969) posits that consciousness mediates all displays of objects, including qualities and attributes, and that reality starts with conscious awareness. Consciousness is always a consciousness *of* since consciousness is always moving out from itself towards something else. In *Cartesian meditations* (1970), Husserl writes that even if an individual was to doubt everything and was to be reduced to experience, that experience would be of something. Heidegger (1962) further develops the notion of intentionality and asserts that the relationship between subject and object is even less distinct and more imbued with meaning than that envisioned by Husserl. *Dasein* and the condition of being-in-the-world requires that intentionality is more than awareness or consciousness. Meanings and experiences associated with meaning are connected

to human activity, in general, and determine reality. Reality cannot be known separately from the participant's perception and experience (Rose, Beeby, & Parker, 1995) and thus the work of phenomenological research involves careful attunement to the relationship between the participant and what is in the world, rather than to the participant herself (Baker, Weust, & Stern, 1992; Jardine, 1994; Koch, 1995; Ricouer, 1967; Beck, 1994; Cohen, 1994).

The process of research within the life-world requires that the phenomenological inquirer overcomes the natural attitude or naïve consciousness that robs us of the ability to see beyond what we, as researchers, already know (Jardine, 1994; Ricouer, 1967; Van Manen, 2001). The process of coming to the question is integral to a study of how and why the question has disrupted the inquirer and to moving beyond the mundane, ordinary understanding of the self-experience. The process of coming to the question allows the inquirer to put her experience inside the research thoughtfully, thus sensitizing the researcher to how her experience and meaning may differ from that of other persons in the study. Central to ongoing interpretation is a moral call towards a suspiciousness of what presents itself in self-experience so as to be aware that such givenness may contain signs of something that is not fully present or that is partially concealed (Ricouer, 1983). Gadamer (1989) reminds us, however, that the movement between concealment and illumination is inherent in human issues and reality, or in the *Dasein* of which Heidegger (1962) speaks and is what Caputo (1987) suggests enables phenomenology and hermeneutics to restore "life to its original difficulty" (p. 1).

The Question

The intent of the study was to discover the lived experience of older first time mothers. The framing of the intention for the study was not an attempt to limit or apply presuppositions or predetermined concepts to the experience, but was instead, an elucidation of the phenomenon, a starting place, a beginning point from which to start conversations about the phenomenon or as Van Manen (2001) suggests, an aspect of human experience under study. Related questions included:

What is it like to mother for the first time?

What does it mean to be an older mother?

What led you to the perception of being an older mother?

How does your child perceive you?

What is there about the experience of being an older mother that makes it unique?

When did you first become aware of yourself as an older mother?

How would mothering have been different if you had been younger?

What would have been different if you had been younger?

What have been your opportunities?

With whom do older mothers share concerns and stories about their mothering experience?

The purpose of the related questions within a phenomenological study is to provide an initial focus of discussion; a starting place from which to begin conversations about the phenomenon rather than to influence responses along a predetermined pattern of apriori concepts and theories. There was no way, at the

beginning of the study, to predict whether the experience of older first time mothering would be similar to those that Vangie Bergum (1997) richly describes in her study of becoming a mother or whether the experience would be remarkably removed from that of other mothers. There was, instead, a deliberative orientation towards discovery, towards letting older first time mothering show itself. It was, as Heidegger (1962) suggests, an intention to "let that which shows itself be seen from itself in the very way in which it shows itself from itself" (p. 58).

The Mothers

Selecting and finding participants in interpretive studies differs in language and intent from finding and selecting subjects through conventional sampling. As Lincoln and Guba (1985) suggest, the purpose of interpretive study is the maximization of information rather than facilitation of generalization; thus any one who has experience with the phenomena and who is able to articulate the experience may participate (Colaizzi, 1978). The inclusion of variety in participants puts out of play the idea of what is or what is not, and allows the richness of possibilities in the everyday experience to emerge (Borland, 1990; Husserl, 1913/1969; Jardine, 1994; Parse, 1998).

Elizabeth

Elizabeth is 42 years of age and her son is 5 years. We meet in an office close to her home, since that is where she chooses to meet. During our conversation, she shares that she has recently returned to work, having chosen to stay with her son at home since his birth. The timing of this new work opportunity could be better, as she

worries that at this point, she needs to rush Devin from daycare to kindergarten and is concerned about how these changes will affect him.

Elizabeth has a recent relationship with her community. Following her baccalaureate degree, she worked positions in which she was responsible for many administrative functions and for many other people. After meeting her husband, she traveled "anywhere else" during weekdays, coming home on weekends to her present community.

Elizabeth's pregnancy and mothering experience has been a shift in how she goes about her every day. "I've been home the better part of five years and I'm really happy that I was able to do that.... And for that, I'm thankful that I live here..." She shares that her mother also stayed at home because it was important to her to be there.

Her pregnancy and laboring experience is very present for Elizabeth. An initial miscarriage had defined for Elizabeth the importance of having a child. "My miscarriage did that...I couldn't see myself being fifty without having a child. I don't think I had missed them [babies] up to that point." Devin came quickly after the miscarriage. He had been a big baby and the effects of the delivery had kept Elizabeth "in the chair for 3 months".

Would Elizabeth want a second child? She is clear. She worries that a second experience similar to the first would be difficult when she already has a first child for whom she cares. And...the second child may not be as perfect. Devin was born on the day of the week that she had hoped he would be and has the right colour of hair. Elizabeth never re-read or re-wrote essays either; the first time through was right enough.

Leona

Leona was 30 when she had her son Thomas. She is currently 39 years old and has recently completed a college degree that has led to more financial security than she has had in the past in management and childcare positions.

We have our conversation over the telephone and although we cannot see one another, Leona seems comfortable in sharing her experiences. She is talkative and eager to share; she found out about the study from someone whom we both know.

Leona is divorced. She shares that her pregnancy came after 3 years of fertility treatments and after a "few" miscarriages. She had given up the possibility of having a child through extraordinary means when she found out that she was pregnant. The beginning of this life coincided with the ending of her marriage. "...he left just after Thomas was born....he [Thomas] was just six weeks old".

Leona chuckles as she describes now what happened then. "I was very depressed...because I really felt that my life was falling apart...I couldn't figure out what I was going to do...I thought well, you know, I can, I can do this and I found the strength within." Her strength within has focused on being a "mom to Thomas...Thomas is the center" of her life.

Being a mother to Thomas has been challenging, as Leona has had to advocate over and again for appropriate schools and places for him. Thomas is autistic, an identification that has been difficult to achieve. "I was told that any time that...Thomas did a certain behavior...I must have taught it to him because they [professionals] wouldn't see it then". The "battle to prove that he really did need

help" has been frequently overwhelming and Leona is grateful that she now has professionals who can help her in finding Thomas' right help. Leona is strong. She sees her experiences as a mother as a "really good exercise" in "thinking on, on how to get the goals that I want for my child".

At the end of our conversation, Leona thanks me for listening and for the conversation. She has enjoyed the opportunity to talk about her challenges and her experiences with older mothering.

Irene

Irene is 42 years of age. She has expressed interest in being a part of the study although her son is only 20 months of age. I am concerned that Mitchell is younger than the other first born children of the mothers in the study, but decide to meet with Irene, as I am curious as to whether her experiences with an younger child will be different from those experienced by mothers with children over 3.

We speak over the telephone, which Irene finds difficult. She says a few times during our conversation that she is nervous and that she is "much better on paper". I agree to send her the guiding questions after our conversation so that she can review them and add any ideas that are important to her that may have been missed during our initial discussion. I send her the guiding questions but Irene chooses not to bring in other ideas after all.

Irene worked in retail sales for several years after completion of her high school education. The decision to have a child was one that came after thought and preparation. Initially, she and her husband wanted to be financially secure... "we wanted to get a mortgage going, get the home set up, and all that sort of thing.."

There also had been health concerns for Irene. "...they told me not to get pregnant cause they weren't sure if it was multiple sclerosis or not...And then...he said go ahead, cause he didn't have a diagnosis..." But Irene wasn't sure that her age, when preparation for a child was finally complete, was fair to a child because she has read that there are risks. Should she become pregnant?

Zoe

I meet Zoe in her workplace. She chooses to meet over the noon hours because her life with her two children is busy and it is more convenient to meet during the time of day that she is away from home. At our first meeting, we are slightly early. She says she is anxious and is concerned that she will say the right things. At our second meeting, she shares that she really enjoyed our previous conversation and has looked forward to continuing our discussion.

Zoe is 44 years of age and works full time at a position that she has held for approximately thirteen years. She has a one-year certificate from a post-secondary program. Zoe shares that she has lived nearly all her life in her community, having moved there from another country when she was a toddler.

Frank and open, she shares that her 7 year-old son, Jordan, arrived soon after her decision to have a baby and her 5 year-old daughter, Meghan, soon after Jordan. Laughing, Zoe says, "I had gotten into a depression at about 35 and got on some medication, and...the one day I said to my husband 'I want a baby'". When her son was seven months old, Zoe again experienced the pressure to have a child... "because at seven months, you know, the little one is no longer...cuddled in your arms and he is out cruising and on his own, and I just needed that again..."

Zoe talks about mothering as an incredible experience and as one that evolves from one child to the next. The soother goes sooner the second time....

Anne

Anne has been told about the study by a work colleague and so, I contact her to see if she might indeed be interested in participating in the study. In our initial contact conversation, she indicates that she is the birth mother of Sarah, an active 5 year-old daughter and that she is interested in the study.

During our conversation, Anne tells me that she is currently 43 years of age and that she has one child. When I ask Anne if she is the birth mother of her first child, Anne hesitates, and says...."Depending on how you look at it, I guess". Anne shares that she also has a stepdaughter, who is 10, and of whom, she and her husband share custody with the birth mother. Soon into the conversation, Anne asks that the tape be stopped. She finds it difficult to talk, as she is remembering the baby that she lost at 36, before she became pregnant with Sarah. There are further tears and some laughter during our remaining conversation, as the baby who was lost is near throughout, as well as Sarah and Hailey, Anne's stepdaughter.

Anne talks about the pressures of being an individual whose career has included working with mothers and helping other mothers through pregnancy, labor, and initial encounters with mothering. She has used her baccalaureate degree and post-graduate work as a foundation for understanding her practice as a professional; she talks about how she used reading as a foundation for mothering her stepdaughter, and now, less so, for Sarah, for whom the lines are less clear.

Anne speaks softly of her child who was lost and about her post partum depression following Sarah. Loss permeates our conversation and the sadness that there is still no other pregnancy after Sarah. She worries that she will soon be too old to have another baby. Her time will have come and gone.

Betty

Betty, at 50, is the oldest mother in the study and she has the oldest children. Jennifer is 18 and Lindsay is 12. In between Jennifer and Lindsay, Betty "lost one in there".

Betty knows about the study through a casual discussion that we had while I was still in conversation with my question. She has remained interested and had indicated that she would like to share her experiences when I am ready. Although we have met together in face-to-face conversations before, our conversation today is through the telephone, because that is what is convenient for us both, because of distance.

Betty is articulate, fluent, and thoughtful in expressing her experience. It is evident that she has thought through some of her journey as a mother, prior to our conversation. The loss of her second baby is still very present in her mothering and in her anxieties related to her third daughter. Our conversation is interspersed with occasional sighs and laughter.

Betty has a doctorate degree and has worked for years, through pregnancy, through early mothering, and through current mothering. She is passionate about what she does as a mother and as a woman with a career. She is deeply concerned about what happens when a mother loses a child and how we care about for mothers

in general, whether as friends or as caregivers. "I remember the nurse in the hospital saying to me, 'stop crying. Are you sick?' And I said, 'not physically sick, mentally', and she walked out of the room".

Ede

Ede, whose name means "loving mother blessed by children", is 48, although when she is first asked, she has difficulty remembering if she is 48 or 49. Chantelle, her daughter, is 10 and Ede says Chantelle "worries about many things because when I worry, I don't have the ability to keep my mouth shut, and I frequently have a stream of consciousness right in front of her". Her son, Justin, is 7. Ede says that he had ice cream cones and pizza before he was a year, unlike her daughter where there "was no salt or sugar before she was 2".

Our conversation is through the telephone. Recommended by a mutual acquaintance, Ede is willing to participate in the study but is clear that setting up a time for conversation must consider times when her children are at school and not at home. She is firm that she considers the time when her children return home from school as important and as a time that cannot be interrupted.

Ede has an educational background that includes a doctoral degree in science and a few courses in journalism. Prior to her first pregnancy, when she worked 4 months and then quit, she worked at several jobs, "all technical in nature". Her decision to remain at home when her children arrived was part of her decision to have children. Ede says that she knew that if she had children, she would not be able to combine mothering with going to school or going to work, because she would not be able to keep her mothering and other life separated to the extent that she feels is

important. Her life has been filled with volunteer activity, often connected with other mothers and with the activities and needs of her children. Ede says that volunteer work has opened up her community to her, a community that she had experienced superficially while she worked. She has found friends, opportunities, and mothers with whom she shares through her experiences as a volunteer. Her mother, who was considered older as a mother, was also an avid volunteer.

Theresa

Theresa has been married for 5 years and is tiny, energetic, and articulate. Her enthusiasm for mothering and the study is evident in her emphatic speech and rapid flow of ideas. We meet in my office because she "wants a break" from her 3 year-old who is continuously moving. She came to know about the study from a friend whom she had met over the Internet. She explains that meeting and talking with others this way is like meeting people on the bus; you can tell them everything. Her life is busy; although she has three stepdaughters (twins 19 years and their sister 33 years old), she considers the relationship with them different from that between a mother and daughters. The oldest is a "friend", whereas, the twins are exasperation and frustration. She does not see her husband's children as her daughters. She gives them no names. There is more to mothering than obligation.

Theresa describes the hard physical labor of her job as a cucumber picker in a greenhouse and proudly shows the hardness of her arms. She's had many jobs in factories, daycares, and nursing homes; she has also been a secretary, telephone solicitor, and lay up artist. While she says she is "technically" a high school drop out, she has a wide and colorful vocabulary and says she reads voraciously. Her daughter

is her life. Hannah arrived after twelve miscarriages and as Theresa was entering perimenopause. And, Theresa shares one other piece of her life soon into the interview; she had a son whom she gave up at 16. She cries when she talks about him, and at one point in the conversation, asks to have the tape turned off, but quickly returns to her daughter and describes her second live birth, which was overwhelming. "...that's when the bloody earth momma went through my brain rearranging all my hardwiring and circuitry."

Heather

Heather is 43. She was 37 when Dillon was born. She doesn't think of herself as old, but rather as a "young to medium aged mother".

The conversation is through the telephone because of distance. Heather has been told initially of the study through her family and is interested. We have to wait to meet through the telephone because Heather, her husband, and her son are on a trip out of country. During our conversation, Heather is precise, concerned with accurate understanding, and insightful. She describes mothering as more of the "should stuff" and mother as "more of the heart".

Heather talks about her education as a process of deciding and decision. "I went to university when I graduated from high school...pretty immature so...I decided to work. I realized I didn't want to be a secretary for the rest of my life. So it took me awhile to get my first degree." Heather also explains that she later obtained a master's degree. Prior to Dillon's birth, Heather had worked in a variety of technical and professional positions. Although she describes some of her work with pride, she says that she stopped working full-time because of Dillon. Currently,

she works three days a week, because she wanted balance between being a mother and being a woman with a career.

Heather and her husband have been together for over 20 years; becoming pregnant took about 6 months. She says that if she had not been able to have a child "biologically", she would never have had one, since she is not someone who has "had this burning desire since I was 3 to mother something". Nonetheless, if Heather had known what mothering could be, she would have started earlier and had "two of them".

Mother Connections

To be included in the study, participants had to be mothers who identified themselves as older, whether by choice or because they had experienced difficulties in conceiving or bearing a baby to term. In initially considering the study, the criteria of first children over three was chosen since mothering children under the age of three is considered a time of transition and of becoming, rather than a time of being (Ellicott, 1985; Wright & Leahey, 1994). Further, mothers needed to be able to articulate their experience and to be able to spend time in conversation about their experiences as mothers. Mothers could be married or unmarried, since the central concern of the study was mothering, and in particular, mothering a first child when older.

Mothers came to the study, either because they had heard of the study through friends, colleagues, or professional contacts; or, because friends, colleagues, or professional contacts suggested to me that this might be a mother who would be interested in participating in a study of older mothers. Once mothers had been

recommended or they, themselves, had identified an interest in participating, I contacted them to find out if they were indeed interested, to explain the study more fully, and to explore whether they met the criteria that I had initially established for inclusion of participants in the study. Each mother was given or sent a letter of information, which confirmed the basic details that we had shared in initial conversation.

Eleven mothers were contacted in this way, and of the 11, 9 chose to participate. The 2 mothers who chose not to participate did so because of changes in personal circumstances that made the time commitment difficult or unattractive. The 9 mothers who chose to participate are indeed unique. They range in age from 39 to 50 years and have come into the experience of mothering from a variety of backgrounds and career orientations. Some have finished high school and some have doctoral degrees. They live in various Canadian locations and have a variety of life styles. Most are married; one mother is divorced and raising her son alone. All have come to the study with an interest in sharing their experiences and with a sense that they were older when they first experienced mothering, even if that sense is more externally created for some than internally resident. All but one have a first child over the age of 3; the mother whose child is younger is included because of her willingness to share her experiences and my curiosity as to how her experience might be similar to or different from those of mothers whose first children are older.

The Conversations

A primary approach to investigation of lived experience is unstructured formal interviews or conversations (Bergum, 1997) to gain personal life stories (Van Manen,

2001) that define the perspective of the participant. Bergum describes conversation, which comes from the Middle English *conuersen,* meaning talk, as being more reflective than interview of the relationships, connections, and sharing that open up the possibilities of the lived experience. Interview comes from *enterveue* or *entrevoir*, which means literally to behold or visit (*Compact edition of the OED*, 1971), activities that might appropriately be associated with the careful distance maintained between researcher and the researched in logical empirical studies. Interviews are designed to garner the answers that have already been assumed as probable responses to predetermined questions and are made "to nourish dualism" (Parnet, 1987, p. 19). Conversation is a movement away from the binary character of interviews and implies connection and relationship between the inquirer and the participant as they explicate experiences as part of an intersubjective reality that has shared meaning (Gurweitz, 1967; Jardine, 1994; Parse, 1998). As Jardine suggests, the acknowledgement of connection is acknowledgement of the primary and inescapable nature of our independence with one another. Attempts to sever connection are a denial of the "moist and dark and ambiguous connections of our lives on Earth, to each other..." (p. 28). Through conversations, we can address the realities that come out of individual meaning, history, traditions, and perceptions. In conversations, participants are invited to move from the business of making successive choices to questions and to begin the dialectic at the point where experience catches them (Parnet).

The conversational process in the study involved both telephone and face-to-face, in-depth conversations. The telephone conversations, while similar in format to

the face-to-face conversations, were a particular challenge as the relationship and connection that is critical to the sharing of experiences, had to be established and nurtured through careful attention to signals that normally would be conveyed nonverbally in face-to-face conversations. Pauses and silences, for example, had to be assessed within the context of content, rather than within the matrix of behaviors that normally constitute our everyday conversations. These conversations, which involved 4 participants, offered particular challenges in sensitivity and in validation of my genuine interest in coming to know the experience of the participant, because the participants also could not see me to read the nonverbal cues that I give. Special attention had to be given to listening beyond words and to finding ways to share experiences so that connections would become evident.

Initial conversations with the mothers yielded many rich personal life stories during which the mothers shared not only their cognition and consciousness of their experience, but also tears, laughter, and "heart-hungry " (Huggan, 2001, p. 27) sighs that told of loneliness, loss, thoughtfulness, courage, and meaning beyond mere words. They responded sometimes with great eagerness to guiding questions, which served to orient the conversation to the instances that were being investigated and to begin the conversations; sometimes, they paused, uncertain that their experience was interesting enough beyond the daily challenges of school, developmental tasks, and child based decisions. Sometimes, there was hesitancy that seemed tied to a self-consciousness about themselves as mothers. In beginning the conversations, there were, sometimes, questions about *whether what I share will be right?*or while I was changing tapes, questions about whether what they felt or did as mothers was *right.*

Perhaps the self-consciousness that was occasionally shown in the interactions is the awareness of the gap between the culturally mandated, idealized good mother, and the everyday mother, who is loathe to speak about her worries, her resentments, and disappointments because of fear of censure (Chesler, 1979; Maushart, 1999; Thurer, 1994). Perhaps there was concern that I would judge, too....

They were open. Perhaps, it was, that despite the sometimes self-consciousness of motherhood, there is little as Isabel Huggan (2001) suggests, of which women do not now speak. Perhaps it was the use of gentle probes, when appropriate during the conversations, probes such as *give me an example of that* or *what was that like for you?* that assisted in keeping the conversations close to the experiences, as well as in focusing the attention of the conversation on the experience and meaning in the experience, rather than on the mother herself. They also assisted me, and sometimes the mother, to enter into the details of the experience more fully and to bring about a fuller understanding. The conversations took turns that were unexpected at times, yielding stories and meanings and relationships that were unanticipated, but that needed to be told. The art of phenomenological conversation is indeed, as Van Manen (2001) suggests, a close observation of the stories to tell and a keen sense of what stories might yet need to be told. Such conversations call for thoughtfulness that Van Manen (1984) describes as "a minding, a heeding, a caring attunement – a heedful, mindful, wondering about the project of life, of living, of what it means to live a life" (p. 38).

It is also, as the conversations with the mothers suggested, a sense of when to pause and when to let the silence tell the story words cannot, because the heart is speaking.

> Many of the voices will be familiar to readers; others will be new. Some are forthright and take the reader to the heart of intense experience. Others approach distinctly personal moments with caution and then veer away, as though the walls around the silences they have been keeping are impenetrable. What unites all…is the uncommon honesty, courage, and acuity of emotion these women bring to their topics – and to us (Anderson, 2001, p. ix).

The mothers were also asked to answer basic demographic questions such as present age, educational background, work background, age when their first child was born, and marital status. Each conversation was tape-recorded, whether face-to-face or through telephone. Following the conversations, notes were useful in recording insights that the conversations had yielded about my own lived experiences as a mother, as well as questions and stories that might need to be explored in further conversations; and, in noting setting, mood, and context of the conversations. It is this full engagement of the inquirer with the experience and with the participant, as well as the ability of the inquirer to facilitate the conversation, that is central to the success of the phenomenologic conversation (Benner, 1984; Tagg, 1985).

Beyond Conversation

Central to ongoing interpretation is the opportunity to maintain discourse with participants. This provides the inquirer and the participants with a reflexive framework in which to address gaps in information or experiences, further questions

arising from engagement and conversations, and to clarify the interpretation of experiences by inquirer, where needed. The reflexiveness that occurs between experience and interpretation is what separates the concrete descriptiveness of the *what is* in Husserl's phenomenology from the interpretive *what does it mean?* of hermeneutic phenomenology (Sass, 1988) that gives itself in memories, signs, and the implied (Jardine, 1994). The ambiguity inherent in the networks of meaning found in words (Jardine, 1992, 1994) move these very words beyond description and labeling and implies that participants will see their experiences differently when asked to reflect on what they have said, thus yielding to the necessity of adding to, expanding, or clarifying what they have already shared. The inquirer may need participants to disentangle and extend interpretation through the clarification of words and thoughts when the meaning of the experience goes beyond that of the text or of the inquirer's understanding. In this study, the mothers were each given a copy of their own particular conversations and asked to add or delete from their transcripts so as to provide greater understanding and clarity within the experiences that they had shared in conversations with the inquirer. When necessary during the writing of the interpretive text from the initial conversations, the inquirer connected with the participants for further dialogue and discussion.

The Transcriptions

I transcribed two of the transcripts to gain a sense of how the conversations might appear, visually. In working with the two other transcribers, I discussed the need to note silences and paraverbal dialogue, such as sighing and laughter. The typed transcripts of the conversations were compared with the tapes, following

transcription, to ensure that the transcripts accurately reflected the words and the paraverbals in the conversations.

Seeking Meaning in Mothers' Experience

The goal of phenomenological investigation, reflection, and writing is to articulate the very nature of the phenomenon or what makes the phenomenon what it is. The very nature or "true being" (Van Manen, 2001, p. 177) or essence of a phenomenon is not rooted in facticity but rather in the spontaneous life-world that gives this experience its special significance, a significance that addresses us with its transcending understanding (Gurweitz, 1967; Spiegelberg, 1969; Streubert & Carpenter, 1995; Van Manen). The transcendental nature of essence, which lifts the particular and individual experience from the burden of its specificity (Smith, 1994), renders a grasping of phenomena that is at once concrete, intersubjective, open to further possibilities, and freed from the narcissism of self-narrative (Jardine, 1994). It requires that that the phenomenological researcher overcome the natural attitude or naïve consciousness that assumes the everyday world is mundane, ordinary, and capable of giving up nothing more than what the researcher already knows (Benner, 1994; Jardine; Ricouer, 1967; Van Manen, 2001). Phenomenology assumes a willingness to fully engage in the lived experience and a comfort in embracing and reflecting upon the prejudices that arrive with the question, rather than disconnecting from the world as given (Gadamer, 1989).

Within phenomenology, the researcher or inquirer must be immersed in the experience of the research, as much as in the methodology. Van Manen (2001) suggests that researchers must ask what it is like to do phenomenological research

rather than to ask to how to do phenomenology or how to write up the research. Entering the world of phenomenology demands personal commitment, a willingness to express personal implication in the experience, wondering about life and what it means to be human (Sass, 1988), a valuing of the methodology, and a recognition that we are "hermeneutically speaking, always in the middle of stories, and good hermeneutical research shows an ability to read those stories from the inside in" (Smith, 1994, p. 126). Setting up a hermeneutical study requires orienting to the phenomenon, which implies a particular interest or involvement with the phenomenon before even beginning the study. *Why am I interested? How did I come to the question?* Central to orienting to the phenomenon and to reaching beyond the surface to deep understanding, is a recognition that a "person is a being for whom things have significance and value" (Benner, 1994, p. 49). Without a commitment to the horizons of possibility (Gadamer, 1989) and recognition of the importance of language, meaning, and history (Jardine, 1994; Smith), it is unlikely that the aim of phenomenology, which is to come to a deeper understanding of the everyday experience, will be realized.

The methods incorporated in Van Manen's hermeneutic phenomenology, which was chosen as a primary guide in the study, reflect a methodology that is rooted in the Dutch or Utrecht school of phenomenology (Cohen & Omery, 1994). This school combines features of both descriptive and existential or hermeneutical phenomenology. The use of literature returns Van Manen's approach to its hermeneutical traditions, which originated in the analysis of biblical text (Jardine, 1994; Smith, 1994). Van Manen's concern with essences and concrete descriptions,

however, is directly linked to the work of Edward Husserl and Husserl's concern with describing the consciousness that is always of something, or intentionality (Ricouer, 1967). This consciousness is always, by nature, interpretive.

In applying the procedures explicated by Van Manen (2001), it is critical to acknowledge that the methods and the methodology will yield results that are distinctly interpretive, descriptive, and open. Further, it is also critical to suggest that this methodology is particularly fitted to articulating the life-world of older first time mothers, which arises out of and is part of our everyday world. Previous explication of the life-world of older mothers has been limited by methodology that calls for the application of theory about mothering, in general, to older mothering (Berryman & Windridge, 1995; Rubin, 1984) before practice or life (Van Manen) and has resulted in premature measurement and articulation of factors that may or may not be the banner threads in the experience of older mothering. The attention to, as Van Manen suggests, the seemingly trivial dimensions of older mothering that is possible in phenomenological methodology, creates room for later theory. More importantly, it offers the possibility to put forward the experience of older mothering in a fuller manner. Phenomenology offers the opportunity to understand the "subjective experience" (Rubin, 1984, p. 3) that emerges from the context in which older mothering is derived and from which older mothering practice is derived.

Within the study, the life-world themes or existentials of lived space, lived time, lived relationships, and lived corporeality (body) (Van Manen, 2001) were used to deepen and enrich consideration of meaning during the development of thematic

statements. These life-worlds guide considerations of the ways in which human beings experience the world on a daily basis (Van Manen).

The preparation for thematic analysis in the study initially involved transcription of the conversations by individuals who were not involved in the study and who were engaged for this purpose. I transcribed two of the interviews myself so that I would have a personal sense of how silences, emotions, and the flow of transcripts might be reflected in the written transcripts. I then read and re-read the transcripts to gain a sense of the meaning of the text as a whole. Significant statements that captured whole meanings were extracted from the text during re-reading and then, the text was read again. During this reading, phrases and statements were identified that were especially revealing about the experience of older first time mothering. The transcripts were then read again for sentences and sentence clusters that would further describe the phenomena. Readings, notes, conversations with interested others, and further dialogue with the mothers were added to the thematic approach, to provide a framework for writing the hermeneutic text. Further dialogue or conversations with mothers were an exploration of meaning around particular ideas rather than an asking for validation or affirmation of the accuracy of understanding. Sandelowski (1993) suggests that the process of validation by participants, or member checks, may be difficult since participants may have difficulty recognizing the larger experience when they are intimately connected with the particulars and specificity of their own experience. The role of moving beyond the particular and the specific to intersubjectivity resides with the inquirer,

whose moral responsibility is the deep and accurate articulation of the experience, rather than the verbatim report of the individual participant.

Van Manen (2001) suggests that the writing of hermeneutic phenomenology is closely interwoven with thematic analysis or reflection. Reflection, Marjorie Anderson (2001) suggests, is synchronous with the life-worlds of women. It is the means through which women discover their own truths and accommodations. "They tell us that once life slows down enough for reflection, women uncover truths several beats away from the expected…women point to the individual colourings of common human happenings: spiritual stirrings, aging…" (p. ix). During this study, this process of reflective writing and re-writing was fundamental to discovering and explicating the richness and depth of the older mothering experience through its call to thoughtful self-consciousness. The responsibility of remaining close to the experience that gives itself through words and meanings is inherent in the thoughtful sorting of and selection of text, which describes the experience of older mothering, in a way that resonates with the caught awareness of those who are older mothers and with those whose lives touch older mothering.

Woven into the reflective writing journey is the opportunity to maintain ongoing discourse with participants and with others who share close knowledge of the experience. This provides the inquirer with a reflexive framework in which to address gaps in information or experiences; to generate further questions arising from engagement and conversations; and to clarify expressed interpretations. The reflexiveness that occurs between experience and interpretation is what separates the concrete, descriptive *what is* of Husserl's phenomenology from the interpretive *what*

does it mean? of interpretive phenomenology (Sass, 1988) that gives itself in memories, the implied, and in signs (Jardine, 1994). The ambiguity inherent in the networks of meaning tied up in words that do not merely label or describe (Jardine, 1992, 1994) require that the inquirer leave open the possibility that participants may see their experience differently upon personal reflection and perceive the need to add, expand, or clarify what they have already shared. The inquirer may also see a need to ask participants to assist to untangle and extend interpretation of words through clarification of ideas and thoughts.

In this study, participants were given a transcribed copy of their particular conversation and asked to add or delete from their individual transcript, if they wished, so as to provide greater understanding and clarity in their experience. Participants were given the choice of writing their ideas directly on the transcript or having further verbal conversation with the inquirer. The intent of this request was not only to invite the participants into the activity of reflection but also to facilitate a sense of shared experience and research with the inquirer. When necessary during the writing of the interpretation from the initial conversations and transcripts, the inquirer continued the process of discussion and reflection with the participants.

During the process of interpretation, I kept notes about possible interpretations and discussed these with others who had knowledge of mothering, and sometimes, of older mothering. Further, drafts of the thesis were shared with outside readers, who were asked to comment on the logic of the articulation and how the descriptions and meanings matched their own experiences, either as mothers or as practitioners, or as both. Dukes (1984) refers to this as the "eureka factor" (p. 201) or the affirmation of

findings and extension of interpretation through the experience and knowledge of others. Ideas that evolved from the responses of others were useful in assisting me, as the inquirer, to move beyond the narrative of my own experience and of what that experience might conceal in the experiences of others, to articulate the not-so-obvious in the experiences of others.

Is the Interpretation of the Experience Plausible?

In 1985, Lincoln and Guba proposed four criteria for trustworthiness in qualitative research as a corollary to reliability and validity, and ultimately, to quality in quantitative studies. These criteria included *credibility*, which refers to the fit between what the researcher sees and how the data give itself; *transferability*, which is reflected in the extent to which the study awakens in others the significance and meaning of the experience in a fuller manner; *dependability*, which is a rough equivalent of reliability in quantitative research and refers to the extent to which the account is a fully developed and accurate interpretation of experiences; and *confirmability*, which reflects the truth value of data and is achieved if dependability, credibility, and transferability have been achieved (Sandelowski, 1993). As interpretive methodology has evolved, these criteria have generated considerable discussion as to their meaning and relevance for qualitative study. Ely, Anzul, Friedman, Garner, and Steinmetz (1991) suggest that the concern with the criteria of trustworthiness is as much an attempt to link qualitative and quantitative methodologies as it is with the value of the actual criteria. Others, such as Wolcott (1990), go so far as to suggest that validity gets in the way of the intent of interpretive

work and suggest that the only measure of the success and quality of interpretive work is understanding.

For the purposes of this study, the question of plausibility was selected as a mirror against which to hold the quality of the study. Wolcott (1990) describes this question as one of *Is this plausible interpretation?*, which implies an inherent vigor in the journey between life experience and text but which allows for the openness, multivocity, and further questions that underscores hermeneutic phenomenology in the Utrecht and Van Manen approach to articulation of human experience. Plausibility is guided by four questions that Moustaskas (1994) suggests facilitates the journey from the telling of experience to its writing.

> Did the interviewer influence the conversations in such a way that the conversations no longer reflect the experience of the participants?
>
> Is the transcription accurate and does it reflect the presentation in the conversations?
>
> In the phenomenological reflection, were there interpretations other than those offered by the inquirer that could be developed? Have these been articulated as possibilities?
>
> Is it possible to go from the themes in the study to the transcriptions and account for specific contents and connections in the original examples?

The fifth question articulated by Moustakas (1994) was not used as it refers to whether the interpretation of the experience is specific to the situation or whether it is generalizable to experience in other situations. This question is not consistent with a phenomenological framework, which while it assumes intersubjectivity in the

experience that is shared between inquirer and participants; and among the participants, inquirer, and others (Cresswell, 1998; Moustakas, 1994; Van Manen, 2001), aims for deep understanding and wider horizons of further discourse, rather than for the closure implied in the certainty of generalizability. Further, and ironically, Sandelowski (1986) suggests that external validity, while not an aim in qualitative studies, may be less threatened in qualitative work than in quantitative studies since phenomena are studied in natural settings and are not discontextualized or removed from their connectedness to the everyday world. Within this context, it is possible to assume that the phenomena of older first time mothering as articulated through this study will have significance and applicability to other experiences of older first time mothering, if the study itself is plausible.

Connections

The transparency of connection between transcriptions and themes, as well as thick description (Lincoln & Guba, 1985), allows readers and other researchers to follow the logic used by the inquirer in an interpretive study. Auditability, which is used to describe this process, is a further measure of the plausibility of a study (Moore, 1994). It includes strategies such as detailing how the question addressed the inquirer or how the inquirer first became interested in the phenomenon; including a description of participants and how they were selected (Sandelowski, 1993); engaging in conversations with participants whose experience is representative of the phenomenon; allowing the voices of the participants to come strongly alive in writing; supporting the themes with the voices of the participants; and achieving

clarity in the description of phenomenological reflection (Moore, 1994). Within this study, these strategies are described and articulated throughout the text.

The aims of phenomenology are that of deep understanding of experience and of telling the experience in such a way that the telling resonates with those who also share in the phenomenon (Gadamer, 1989; Jardine, 1994). As such, the aim of this study is not the measurement of older mothering or the intensity of each experience or the explication of causes for various aspects of the experience. While, at times, I wondered whether a particular aspect of the experience would be more or less for teen mothers, or for mothers in their twenties, than for mothers who considered themselves older, these were wonderings that fell outside the purpose of this study. Rather I was interested in, opening understanding and possibilities rather than defining the experience in a quantitative or comparative approach. How then, does possibility allow us to move from the experiences of mothers in this study to understanding the experience of other older, first time mothers? Sandelowski (1986) points out, the question of external validity in qualitative studies may already be addressed through maintaining the connectedness of the phenomena to its everyday familiar context and with its connections still attached.

Further understandings of older mothering might benefit from including aspects of this study in empirical research with the intent of examining how fatigue levels differ from those of younger mothers, for example, or examining the play behavior of mothers at various ages and their children. Additionally, understandings would be extended by exploring the experiences of older mothers in other cultures or

through exploration of the experiences of mothers who are lesbian or who are living predominantly outside of committed relationships.

Ethical Considerations

The Canadian Nurses Association's *Ethical guidelines for nursing research* and the University of Alberta's Ethics Committee guidelines were followed during the study.

All mothers were given or were sent a copy of an information letter (see Appendix A), outlining the intent of the study, its benefits, and what would be required of them, should they decide to participate. The standard form for consent of studies approved by the University of Alberta Ethics Committee was followed in obtaining consent (see Appendix B). Opportunity to read the consent was given prior to participation; verbal clarification was given, as required, to the mothers; and mothers were asked if they had any concerns or questions about participation in the study prior to consent and to the conversations. It was emphasized that the women could choose what aspects of their experience they wished to share. Further, they were given opportunity, after review of the transcripts, to identify areas in the transcripts that they would not wish directly quoted. Because of the close nature of interpretation, this opportunity was given to protect the privacy and identity of the mothers.

To further protect the privacy of the participants during transcriptions, each participant was assigned a code number to be used on the tapes, the transcripts, and the sheets detailing demographic information. Tapes, transcripts, and notes about the conversations were kept in a secure place during and following the study.

Pseudonyms were chosen for each of the participants that had meanings that were reflective of mothering and femininity and that would have been in common use when the mothers themselves were named by their mothers. Care was taken to choose names that would not be reflective of the participants' own names or of the names of their children, to protect their privacy and that of their children.

Because the mothers were either self-identifying or were referred by colleagues outside of their work environments and because the mothers were not referred through agencies or organizations, further ethics review was not necessary.

During conversations around experiences of deep meaning to the participant, it is possible for the participant and the inquirer to reach a point where either is challenged to address the emotion sensitively and fully. I was particularly aware that experiences of loss, challenges to mothering decisions, and deeper insights engendered by the conversations, could bring with them tears, silence, and at times, requests to *turn off the tape recorder.* Because of my experiences in mental health and family nursing, I felt a great deal of empathy for these expressions and I was also aware that there was potential for these conversations to have lasting effects as perceptions and memories were verbalized. Had issues arisen that were beyond the purpose of the study that were especially distressing for a participant, the need for referral to other professionals would have been discussed. The need for referral did not arise but some mothers in the study spoke openly of the sharing as a positive experience because they had time to speak and someone who would listen. Perhaps it was an opportunity to say what was heard in the heart but is seldom found in words,

an opportunity that Maushart (1999) suggests is rarely opened to mothers who are coached into a collective silence around what mothering is really like.

But Why?

Gortner (1990) indicates that the worth of a phenomenological study is the extent to which it makes clear practical wisdom and knowledge and aids in the art and science of nursing. A phenomenological study, such as this, primarily seeks to create deep understanding of a complex experience that is rooted in the everyday world. It is a call to overcome the naïve consciousness that assumes that we already know what is to be known (Benner, 1994; Jardine, 1994; Ricouer, 1967; Van Manen, 2001). As practitioners, it is an opportunity to link the experiences of individual older mothers with the experiences of other older mothers in order to reduce the sense of isolation that comes with early mothering (Maushart, 1999) and with being sometimes bereft of the guidance and audience of grandmothers who are alive and near, and of friends who are themselves experiencing a similar phase in mothering. The study is a guide to understanding what supports older mothers require and how they can be supported, and is a call to fulfill our responsibility for relationships with them, which Gilligan (1982) offers as moral concern. It is an invitation to further questions and lines of inquiry related to older childbearing and older mothering, which has been under-represented in research (Berryman & Windridge, 1995; Randell, 1993). And, for older mothers, it is an opportunity to find description that moves beyond consideration of the physical consequences of older mothering to an evocation of the significance and meaning of the experience.

Reflection Begun

The process of phenomenological study is a journey. It is a search for meaning, connection and paths among the phenomenon itself, various views on methodology, and the foundations of phenomenology, which has frequently been described as more philosophy than research method (Jardine, 1994). This journey has been articulated in this chapter, in particular and throughout the text, with the aim of making transparent the phenomenologic orientation, the methods of inquiry and analysis, strategies for verification, and ethical concerns. Most importantly, the mothers themselves are presented, for it is their experience that makes the journey and the story worth telling.

What though, of other stories? Of other mothers and inquirers? Literature provides a guide to the collective experiences of others and provides other ways of knowing the experience of older mothering.

CHAPTER THREE

OTHER PATHS OF EXPERIENCE

The role of literature in phenomenology is one of companion rather than dictator, because as Van Manen (2001) suggests, the path in phenomenologic inquiry begins with where and how the question addresses us. Literature provides another source of experience and knowing, rather than a silo through which all further inquiry passes. It is a source of context and experience outside that which is intensely personal and it connects us to the residue emerging from other studies and related considerations. Exploration of the literature, for this study, walked beside the coming to the question and nudged at the significance and relevance of studying the experience of older first time mothers.

The Emergence of the Older First Time Mother

> Women are choosing to have their babies later and later.... In the 1960's women had their babies in their early twenties; by 1980 they were leaving it until 25 or so. Thirty was seen as "old" back then. Then by 1990, the limit had moved to 35. Today, some health authorities say 37 is when you become an "elderly prima gravida", a delightful term for meaning "old having a baby". But 40 ain't what it used to be...At the beginning of the nineteenth century 40 was serious old age for women...Of course, women had babies in their forties -They always have done - but they usually died due to poor health care, death in childbirth, or the sheer toughness of life. They would have a final baby in

their forties, usually completing an enormous family of eight.

(Sweet, 2002, p. 1)

As more and more women choose to delay childbearing because they can (Maushart, 1999; Twiss, 1989; Welles-Nystrom, 1997), the shift towards older first time mothering is remarkable. With the women's movement, increased interest in personal growth outside of the traditional mothering role, accessible educational opportunities, increased participation of women in the labor force, (55% in 2000 as compared with 31% in 1976 in the United States), and the impact of inflation on personal income (Baber & Monaghan, 1988; Bram, 1978; Crispell, 1997; Daniels & Weingarten, 1979; Daniels & Weingarten, 1982; Eggebeen & Uhlenberg, 1989; Heck, Schoendorf, Ventura, & Kiely, 1997; Helson, Mitchell, & Moane, 1984; Hewlett, 2002; Miller, 1996; O'Connell, 2001; Rindfuss & St. John, 1983; Rindfuss, Bumpass, & St. John, 1980; Roosa, 1988; Ventura, 1987; Wilkie, 1981; Wineberg, 1988; Young, 1977), women have begun to adopt a masculinized lifestyle that has increasingly delayed decisions related to pregnancy (Helson et al.; Hewlett, 2002). While the 1950s were characterized by "unprecedented uniformity in the timing of marriage and the first child" (Helson et al., p. 1080), the decades since have been characterized by a new variability in birthing patterns. As women work longer workweeks and engage in the complexities associated with balancing work and personal lives (Hewlett, 2001, 2002), divorce and re-marry, reach for financial independence, and thoughtfully weigh the price of career stoppage with high childcare costs, the numbers of first births to older mothers continue to rise (Bachu, 1999).

In 1997, nearly 45 % of all first time births in Canada were to women 30 years and older, almost double the approximately 24 % of first time births to women 30 years and older in 1987; the percentage of first births to older mothers is nearly three times the number born to mothers under 20 years of age. Births to the oldest first time mothers (over 40 years of age) have more than tripled in the same time period from 0.6 % of all live births to 1.9 % (Statistics Canada, 1996-1997). While the median age for first time mothers in Britain has increased less dramatically than in the United States and Canada, it is the highest it has been in 30 years (Berryman & Windridge, 1995). Over the 15 year period from 1969 to 1994, the median age of first time mothers has increased from 21.3 years to 24.4 years, driven upwards by the increasing proportion of first births to older mothers in Britain and Wales (Harker & Thorpe, 1992). In addition to significant shifts in the timing of first births, there are other critical shifts in the demographics of unmarried mothers. In the United States, births to unmarried women, which comprise one-third of all births, are more common among older mothers than among teens (Arendell, 1999; Foster, Jones, & Hoffman, 1998; Ventura, Martin, Curtis, & Matthews, 1996). The United States Census Bureau (1994) reported that approximately 7 % of teens and 40 % of never-married women in their thirties gave birth out-of-wedlock, a comparison that is rarely highlighted. These and other statistics suggest that older childbearing and mothering warrant at least as much interest as teenage childbearing and mothering (Berryman & Windridge; Eggebeen & Uhlenberg, 1989).

The shift towards older childbearing and thus, older mothering, is attributed to the maturation of Baby Boomers and the perception that the options are diverse, most

importantly the ease with which women of this generation could choose to avoid pregnancy (Enter, 1993; Harker & Thorpe, 1992; Mathews & Ventura, 1997; Maushart, 1999; Meisenhelder & Maguire Meservey, 1987; Twiss, 1989; Welles-Nystrom, 1997). Harker and Thorpe suggest that, unlike women in the earlier part of the century who were older in childbearing because their childbearing years were extended, the mothers in the latter half of the twentieth century are older because they have chosen to shrink their childbearing years through "voluntary childlessness" (p. 24). Further, women are able to bear children at later ages because new fertility techniques have ended involuntary childlessness for many women who are of advanced maternal age. Veevers (1973) suggests that repeated delays in the decision to bear a child is typical of women who are voluntarily childless and influences the upward trend of the age of mothers at first birth, especially since women tend to reverse their decision to remain childless or childfree near the end of their childbearing years (Sheehy, 1976). Hewlett (2002), in her popular book, based on the 2001 study *High-achieving* women, agrees with these observations, but adds that delays in childbearing are related to a sense of anything and everything is possible among women, including conception and childbirth beyond the time generally thought to be peak childbearing years (twenties). Hewlett (2002) further suggests that such thinking is flawed, since women are increasingly disappointed by the influence of declining fertility with advanced years and the results and costs of reproductive technology. Her book soberly invites women to re-think career investments in favor of mothering, recommends changes to workplace policies to allow easier career off-ramping and career re-entry, and suggests that the options of voluntary childlessness

for the aging woman and of single motherhood for older women may be lonely realities. In a conversation with Patricia, who graduated from Wellesley College in 1971 and from Harvard Law School in 1975, Hewlett points to the challenges inherent in single motherhood, regardless of socioeconomic status or age.

> Raising a child as a single person has been a wonderful experience, but it also has been terrifying. My son is a big person, already taller and heavier than I am. He weighs 111 pounds and is only seven years old. I worry so much when I see him walking down streets.... It's intensely lonely - being on my own and raising a child. There's no one to share the good times with - or the bad times. There are so many hours when I crave adult companionship. No one should underestimate the toll. (p. 56)

A concomitant trend towards declining fertility rates has accompanied the shift towards older mothering, giving rise to concern that the fertility rate may be insufficient for natural replacement of the population. In the United States, "women nearing the end of their childbearing years had an average of 1.9 children in 2000" (O'Connell, 2001), which is below the replacement level of 2.1 births per woman, and is one child less than the average for this age group two decades earlier. In Canada, the birth rate in 1999 dropped 1.5 % from 1998, representing the ninth year of decline in live births. Fertility rates, the estimation of the average number of children that a woman will have in her lifetime, dropped overall for the ninth year to a new low of 1.528 births per 1000 women, aged 15 to 49. The fertility for women 25 to 29 years of age dropped 24 %from 1990 to 1999, whereas the fertility for women aged 35 and older increased (Statistics Canada, 2001). Bumpass, Rindfuss, and

Janosik (1978) clearly link older or delayed childbearing with long-term decreases in fertility rates, since older first time mothers have fewer children.

Further linked to declining fertility rates is the increasing rate of childlessness. In the United States, childlessness among all women 40 to 44 years of age increased overall to 19 % in 1998 from 10 % in 1980; however, childlessness actually decreased to 67 % in 1998 from 79 % in 1980 among unmarried women 40 to 44 years age (Bachu, 1999), suggesting that marriage and motherhood are becoming increasingly separated, at least for older mother, particularly with continued high divorce rates and the exercise of reproductive choice for unwed women (Arendell, 1999). Highest levels of education and family income and professional and managerial career choices are linked positively with childlessness (Bachu, 1999; Heck et al., 1997). Hewlett (2001, 2002) suggests that 33 % of high achieving women (women with annual incomes of $65,000 or more) 41 to 55 years of age report childlessness, a figure that rises to 42 % among high achieving women in corporate America. For those who are childless, the decision to delay is frequently influenced by decisions to stay on career pathways rather than to risk climbing off, with possible penalization of income and financial security (Hewlett, 2001, 2002; Ross, 1974; Wilkie, 1981) or by fear that it is impossible to have it all; career, marriage, and family (Hewlett, 2002; Wilkie). For some, the financial security that accompanies achievement provides opportunity to re-evaluate and redirect energies, which may result in increased rates of older first time mothering for those who are successful in achieving live birth and disappointment for those who are not (Hewlett, 2002), especially as more than 25 % of women 41 to 55 in the survey indicated that

they would like children (Hewlett, 2001). The economic and health impact of increasing numbers of women who achieve a level of economic and occupational stability that permits them to desire children late into their fecundity could be significant. Heck et al. and Hewlett (2002) suggest that increased infertility problems for these women, subsequent infertility treatments and use of reproductive technology, and the higher use of intensive obstetrical and child care services may place high demand on economic, social, and health resources.

The Clock Is Moving

The tendency to evaluate life decisions such as childbearing within life contexts such as family, body, and career, is consistent with Neugarten's assertion that life contexts are more critical motivators than chronological age, particularly for individuals at mid-life (1968). The age normative or social clock view of human development is based on the concept that age carries expectations of what is usual at points during the lifespan and is a means by which individuals order and interpret life events. For individuals at mid-life, Neugarten suggests that self-definition may be related more to social and cultural expectations than to the restrictions of chronological age and biology, since major life events tend to occur differently for different people, which may assist to explain the urgent movement towards motherhood by childless women approaching mid-life who have declining energy and fertility levels (Berryman & Windridge, 1995; Bumpass et al, 1978; Hewlett, 2002). This movement may well follow the process of critical re-examination and reflection that Levinson, Darrow, Klerin, Levinson, and McKee (1976) suggest is central to the thirties, when women frequently desire a more satisfying balance of family and career

responsibilities in their lives. For the childless woman, the answer to "How am I doing for my age?" (Helson et al., 1984, p. 1079) may well include consideration of "Where am I at in relation to mothers *my* age?"

The normative or social clock approach to human development allows for cultural variations in timing. Welles-Nystrom and de Chateau (1987) in a short-term, longitudinal, comparative study of Swedish primiparas 20 to 29 years of age and 30 to 39 years of age during the final month of pregnancy and in the week following delivery, explored maternal attitudinal variables and infant biomedical and behavioral variables, using interviews, pre-coded questionnaires, the Brazelton Neonatal Scale (NBAS), and the Neonatal Perception Inventory. The results of the study suggest that mothers in the older age clustering tended to be more anxious than the younger mothers in the first three months of pregnancy, despite the higher percentage of abortions and miscarriages in the younger group. This finding is consistent with Randell's study, in which older mothers were more likely to have planned their pregnancies than the younger mothers and were more anxious about their babies' feeding behaviors (1993). Welles-Nystrom and deChateau speculate that the relatively insignificant and few differences between the two age groupings and the careful planning by the older mothers for pregnancy are indicative of the acceptability of delayed childbearing in Sweden. "Since the ideal behavior for women in Sweden is to have a child at the acme of adulthood, not the beginning, after the economic and occupational careers have been established, a pattern of delayed parenthood is considered 'normal'" (Welles-Nystrom & deChateau, p. 723). At the epicenter of the timing question is not whether 30 years of age, or 36 years of age, or 40 years of age

is "delayed", but whether the culture in which the mother lives perceives the age of mother at birth to be delayed and whether, in the United States, Canada, and Britain, what is considered delayed childbearing in this decade will become the normative age for childbearing in another.

In another study of cultural differences and mothering, Welles-Nystrom (1997) considered whether culture and "'radical' feminist reproductive" (p. 3) strategies influenced the experience of pregnancy, the timing of pregnancy, and the early perinatal period. The study involved 16 Swedish women and 15 American women who were 34 to 41 years of age and who had not experienced fertility problems or previous pregnancies past the first trimester. All were experiencing healthy, uncomplicated pregnancies at the point of being invited into the study. The women were assessed in the seventh or eighth month of pregnancy, using semi structured interviews and precoded questionnaires related to the transition to motherhood. They were interviewed again several months after the birth of their babies and asked to complete a battery of questionnaires that included a new mother questionnaire, which explored behaviors and attitudes towards infant care; baby care routines history, which explored parental involvement in infant care; a new father questionnaire, which the fathers completed and assessed their transition to parenthood; and the Karonlinska Scales of Personality (KSP), a psychological inventory of "psychobiological" (p. 4) vulnerability that has a number of subscales including those for anxiety, impulsivity, detachment, suspicion, guilt, anger, and aggression. Qualitative data from the interviews were analyzed for themes, which were used only to clarify or substantiate findings from the analysis of quantitative

data and were compared between the two culturally derived samples. Welles-Nystrom suggested that findings of the study are indicative that the decision to delay or to not delay motherhood and the experiences of pregnancy are culture specific. The American women tended to have more years of formal schooling than the Swedish women and also tended to be married. The American women also tended to express a number of physiological and psychological symptoms during pregnancy whereas the Swedish women indicated that they were proud and felt positive about their bodies and womanliness. American women reported being influenced by feminist ideology in their childbearing timing whereas Swedish women suggested that delayed timing was circumstantial in that life situations and partnerships did not provide the impetus to childbearing until this point in their lives. Welles-Nystrom suggested that choices made by the women and their timing decisions reflect social and health care practices in relation to childrearing in Sweden and America. Older mothers in Sweden reflect the educational and social backgrounds of other women; older is simply a component of mothering. Older mothers in America tend to be better educated than most; more medicalized during pregnancy; and to be less conventional in social patterns, suggesting that older fecundity is a process of difference in the United States rather than of circumstance as it is in Sweden, a difference that supports the notion that behavior and timing are culturally and socially derived (Neugarten, 1968; Welles-Nystrom). Despite the explanations of differences, however, what is also implied in the findings is while older is a concept of relativity, older may still be older whether related to circumstance or ideology.

Where are Older Mothers in Relation to Other Mothers?

Despite the aging of first time mothers, research on older mothers has been limited, perhaps because delayed mothering is often perceived as a strategy of well educated and career oriented women, who are more likely than younger mothers to engage in mothering competently because of their previous patterns of successful coping and adaptation (Coady, 1982; Cronenwett, 1980; Mercer, 1986a, 1986b). Some studies challenge this perception, with older mothers being found to be more unhappy and less gratified than younger mothers in the experience of first time mothering (Berryman & Windridge, 1995; Coady; Mercer, 1981, 1986a, 1986b; Mercer et al., 1984; Pickens, 1982; Randell, 1993), even if well educated and successful in their careers. LeMasters (1957) and Rossi (1968) suggest that the transition to parenthood is little guided by either academic preparation or formal guidelines and hence, the rich fabric of education and experience that is found among older first time mothers prepares them well for the experience of career but not for the complexity of mothering. "We knew where babies came from but we didn't know what they were like" (Le Masters, p. 352). As a result, of the trend towards delayed childbearing, nurses in practice and other health providers are likely to encounter first time mothers who are older and who will require health care partners and care givers who have knowledge of what it is like to be an older mother. Further, these mothers may have needs that call from their greater life experiences and involvements that differentiate them from younger mothers. These needs may include a stronger need to feel competent in their mothering role, a longer period to take on the mothering

role, or greater demands for childcare because of intense career involvements (Heck et al., 1997; Welles-Nystrom and deChateau 1987).

The limited studies that have been completed related to delayed mothering have isolated specific variables in older mothering, especially in the transition period from pregnancy to the first year following birth. While this period is thought to be critical in the development of positive mothering behaviors and for many authors and researchers, involves the shift to the fullness of adult womanhood (Breen, 1975; Hales, Lozoff, Sosa & Kennell, 1977; Le Masters, 1957; Mercer, 1986a, 1986b; Rossi, 1968; Rubin, 1984; Welles-Nystrom, 1997), search of the literature suggests that there has been little or no study of the period of older mothering beyond the first 18 months of birth or beyond social and economic factors that contribute to the decision to delay mothering, which, in turn, contributes to a general lack of knowledge related to the experience of older mothering (Barclay, Everitt, Rogan, Shmied, & Wylie, 1997; Winslow, 1987).

Cronenwett's work provides an impetus to consider the importance of guidance provided beyond the initial period of transition in mothering, when, in the absence of her own mother or contemporaries who can share with her the concerns and joys associated with rearing young children, the older mother may need opportunity to discuss the questions and concerns of childrearing in an environment where it is acceptable to do so (1980). Arendell (2000), in her review of studies and writing in the last decade that are generally related to mothering, writes that there is an urgent need to consider the wholeness of mothering. This needs to include meanings and identities that are ascribed to mothering and how women's lives are

affected by mothering, rather than to organize mothering into isolated variables that externalize, objectify, and represent the experience. Margaret Shaw-MacDonald (2001) describes the sense of loss this approach affords mothers, daughters, society, and caregivers who support mothers and daughters in the very beginnings of the motherhood journey; birth.

> Why is it that the experience of birth is not at all like the video? The video gives a false impression. A camera's experience of birth is represented - not a woman's experience, or a man's. or mine…
>
> In this diary entry there is the sense of an event sadly bungled and misunderstood…of a missed opportunity. Here I was, on the threshold of my human existence…and the only preparation I had was to watch a woman in a video giving birth. Birth was presented to me as a purely external happening, with no recognition of the profoundly inward and spiritual nature of this event (p. 221).

While numerous studies have focused on the transition to parenthood and others have concerned themselves with the transition to mothering, the nonmedical aspects of older parenting and of older mothering in particular, have remained unexplored and under-represented (Berryman & Windridge, 1995; Randell, 1993; Roosa, 1988; Wilkie, 1981; Welles-Nystrom, 1997; Winslow, 1987). Studies where older mothers have been included have tended to explore demographic changes in parent populations (Bloom, 1984; Eggebeen & Uhlenberg, 1989), marital quality (Baber & Monaghan, 1988; Bloom), educational and career achievements (Baber &

Monaghan; Daniels & Weingarten, 1982; Rindfuss et al., 1980; Wilkie), sharing of responsibilities in the household where the mother maintains a career (Daniels & Weingarten; Hall, 1992; Miller, 1996), the medical aspects of delayed childbearing for the mother (Mansfield, 1986; 1988), the implications of advanced maternal age of infants and children (Berkowitz, Skovron, Lapinski, & Berkowitz, 1990; Health Canada, 2000; Prysak, Lorenz, & Kisly, 1995; Welles-Nystrom & de Chateau, 1987), and the transition to parenthood (Fischer, 1988; Newman & Newman, 1988; Palkovitz & Copes, 1988; Ragozin et al., 1982; Roosa, 1988). Limited studies were found in which the changes experienced by older mothers and their adaptation to these changes were *specifically* explored rather than included in a study of mothering in a more general sense. All of these studies focused on pregnancy or on the period up to 18 months following delivery, or both, which is considered an intense period of growth and transition for mothers (Ellicott, 1985; Wright & Leahey, 1994).

Pregnancy and Just Beyond

A study by Randell (1993), which used a developmental framework and a grounded theory approach, explored the self-perceptions of 18 married women, over 30 years of age, in early pregnancy. Using semi-structured interviews and self-report measures that included a personal and social history, the Family Adaptability and Cohesion Scale, the Thematic Apperception Test, and the Pre-Natal Self-Evaluation Questionnaire, Randell found that the women in the study were resistive to the changes that they were experiencing in their pregnancy as real and to an integration between their self-images and the maternal-image. The women in the study perceived self and mother as direct opposites, with the mother representing

selflessness and responsibility and the self representing self-centeredness with responsibility primarily for goals, spontaneity, and pleasures of the individual woman. Although they perceived the image of mother and themselves as competent and strong, mothering was seen as a challenge to their self-order. While the women in the study had planned pregnancy, they verbalized difficulty reconciling the actual pregnancy with the "long-held view of the self as not pregnant" (p. 521). Randell identified that the older mothers in the study used buffering and balancing mechanisms, which assisted in maintaining an intact self that was harmonious with the image of mother. While Randell implies that the framework that was selected may limit the study, it is interesting that the buffering mechanisms that were identified as part of persistence were seen as compensatory "in the face of the threat posed by impending motherhood" (p. 518). Viewing pregnancy and impending motherhood as a threat may be consistent with the perception identified by Duden (1993) and Mansfield (1988) in which pregnancy is an aberration and an experience of disembodiment.

In a grounded theory study of the experience of pregnancy after 35, Winslow (1987) explored the experience of being pregnant in 12 primiparous Caucasian women between the ages of 35 and 44. The women were interviewed between 24 and 34 weeks of gestation, using in-depth interviews and the constant comparative method. In the study, Winslow found that the women approached pregnancy in a thoughtful, deliberative way, frequently describing it as a project. Winslow suggested that the experience of pregnancy could be seen as four phases: *planning for the pregnancy*, *seeking safe passage*, *the reality of now*, and *anticipating the future*. In

planning for the pregnancy, the women identified that a number of factors influenced the decision to have a child and a sense of readiness for pregnancy, which is consistent with Gottesman's later findings (1992). These factors included being in a loving and committed relationship with the baby's father; recognition of the risks of further delay; achievement of personal goals; and consideration of whether they wished to be with child or childfree. During the *seeking safe passage* phase, the women sought information from a variety of sources, including books and other mothers, and they sought testing to rule out genetic fetal abnormalities. The women enjoyed interactions with other mothers but did not find childbirth classes of sufficient quality or relevancy to their needs to warrant interest. They also indicated that they often felt out of place in the classes, an experience that is largely ignored by Raymond (1992) in a discussion related to fitting teen and older mothers into prenatal classes, where she suggests that older mothers can help teen mothers "adjust to life" (p. 38). During the *reality of now* phase, the women began to evidence awareness of the physical signs of pregnancy and of the loss of personal freedom, control, and certainty. They worried about labor as a situation in which they would not be able to achieve their accustomed sense of control and looked to their husbands for support. Overall, they reported surprise at the stress that they were feeling but expressed that their increased age meant that they brought to the experience maturity and psychological readiness. In the *anticipating the future* phase, the women expressed that this was unclear to them, although they thought that the arrival of a third family member would change the relationships with their husbands. In considering the findings of the study, Winslow suggested that older mothers would benefit from help

in identifying factors to consider in making the decision to become pregnant, assistance with decisions related to the type of maternity care that would best serve their needs, and practical suggestions on dressing during pregnancy and ways to alleviate fatigue, all suggestions that would be appropriate to any mother, regardless of age. Winslow also suggested that mothers in the final phase may benefit from dialogue about what to keep and what they are willing to let go from their former lifestyle. In an extension of Winslow's suggestions for interventions with older first time mothers, Barnes (1987) suggested that information is eagerly sought by older first time mothers, and that it needs to be particularly precise, detailed, and accurate with older mothers, who often do extensive research themselves on topics of interest to them.

In a 1992 study, Gottesman explored and compared the responses of mothers 20 to 24 years of age with mothers 25 to 29, and with mothers 30 and over in relation to the maternal-fetal relationship, attitude towards pregnancy, preparation for motherhood, maternal role conceptualization, motivation for motherhood, and quality of the marital relationship. The mothers who were 30 years of age and older were categorized as late child-bearers. All of the women in the study were primigravidas, married, had uncomplicated pregnancies, and had not experienced difficulties in conceiving. The women were interviewed using semi-structured telephone interviews, between 35 and 40 weeks of gestation time in pregnancy, a period of time in the pregnancy when Rubin (1984) suggests that the psychological preparation for motherhood is complete. Responses to the questions were rated as low, middle, or high in relation to the positiveness of the response. Contrary to the findings of

Randell (1993), which involved older women in an earlier stage of pregnancy, this study found that the women who were late child-bearers reported "considerable visualization of themselves in the mothering role" (Gottesman, p. 106) and reported little or no dissonance with the physical changes of pregnancy. Further, unlike the early child-bearers (20 to 24 year-olds) in the study, the late child-bearers described a rich and active relationship with their fetuses, conceptualizing the fetus as a person. Again unlike the early child-bearers, the older women reported that they had planned to be pregnant and expressed a sense of "readiness for parenting" (p. 103) but also concern about their advanced ages. As in the Winslow (1987) study, the older women prepared actively for motherhood by consulting a variety of sources of which the experiences of friends was considered an important constituent. Younger child-bearers were more likely to consult mothers and sisters for information and read little about the pregnancy. The study, which explored the marital relationship because of previous studies linking marital satisfaction, the quality of labor, and the ease with which women made the transformation to motherhood (Grossman et al., 1980; Lederman, 1984), found little significant difference among the three groups in relation to the quality of their marital relationships. This finding is consistent with Roosa's study in which he found no significant differences between delayed and younger child-bearers and their spouses in the quality of the marital relationship across the period from late pregnancy to 12 months post partum (1988).

In a more recent study, Berryman and Windridge (1995) explored personal and social profiles, background to pregnancy, feelings about the baby before and after birth, and the emotional well being of British mothers before and after birth, as well

as their physical and psychological well being, sexual activity after birth, and paid work. The cohorts were first time and experienced older mothers (35 years and older) and first time and experienced younger mothers (20 to 29 years of age). Mailed questionnaires and interviews were administered at mid-pregnancy, late-pregnancy, postnatally, and at 12 to 15 months following birth. Additionally, standardized scales were used in an effort to quantify maternal feelings and emotions. The Maternal-Fetal Attachment Scale (MFAS), which measures role taking, differentiation of self from the fetus, interactions with the fetus, attribution of characteristics to the fetus, and giving of self, was administered to mothers during mid- and late-pregnancy to assess feelings about the baby; and, the MAMA questionnaire was used during pregnancy and in the last phase of the study to measure symptoms of pregnancy, body image, and attitudes towards pregnancy and towards mothering. The Edinburgh Postnatal Depression Scale (EPDS) was administered to assess perceptions of stress and feelings of depression at each stage in the study. The results of the study suggest that older mothers are more likely, than younger mothers, to have younger partners and to have had parents who started families later in life. Like the Randell (1993) study, this study suggests that older mothers evidence fewer feelings of attachments in early pregnancy. Berryman and Windridge speculate that the decreased attachment of the older mothers in early pregnancy may be a protective behavior for mothers who had previously experienced reproductive failure or loss, or a reluctance to attach until the results of antenatal testing are complete. This speculation is supported by Harker and Thorpe (1992) and by Cote-Arsenault and Morrison-Beedy's (2001) findings that women who have experienced perinatal loss, regardless of maternal age, have a sense

of *waiting to lose* in the early stages of pregnancy. Decreased attachment, however, was not evident in late pregnancy, a finding consistent with the Gottesman study (1992), when attachment to the fetus was comparable for both older and younger mothers. Older mothers were found to experience more stress during pregnancy, suggesting that a broad range of education and life experiences was unsuccessful in assisting these mothers to reach optimal coping. Older mothers were also more concerned about the need for practical help before and after delivery than younger mothers; however, no other differences in emotional well being among the four cohorts were found in the study. The most significant differences between younger and older first time mothers involved physical well-being, with older mothers reporting extreme tiredness, stress incontinence, and decreased sexual activity. Despite the troublesome physical effects experienced by older mothers in the year following the birth, age had little effect on the course of delivery. Further, older mothers were more likely to initiate breastfeeding and to breastfeed longer, a finding that is consistent with the findings of the Statistics Canada *National Longitudinal Survey of Children and Youth (1996-1997),* in which 79.4 % of mothers 30-34 years of age and 78.2 % of women 35 years and older initiated breastfeeding, as compared with 72.5 % for mothers less than 20 years and 74.1 % for mothers 25 to 29. Canadian statistics also indicate that mothers 30 years of age and older were also more likely, than younger mothers, to continue breastfeeding at least 3 months.

The increased comfort of older gravidas with pregnancy in the last trimester found in both the Berryman and Windridge (1995) and Gottesman (1992) studies is consistent with a study by Stark (1997), which compared the adaptation of 64

gravidas, 35 years and older with that of 46 gravidas, 32 years and younger. The Lederman Prenatal Self-Evaluation Questionnaire, which measures conflict in psychosocial tasks during pregnancy, was administered to the study participants in the final trimester of pregnancy. Results of the study suggested that older gravidas experienced less fear of loss of control and helplessness in labor than the younger cohort. The increased feelings of confidence and comfort were attributed to the age and educational levels of the older gravidas rather than to previous experiences with pregnancy and delivery, suggesting that life experience may provide a valuable foundation for pregnancy and motherhood.

In an effort to explore the perceptions of older first time mothers (35 years of age and older) of the maternal experience and to move beyond physical and psychosocial differences, McClennan Reece and Harkless (1996) conducted a study in which 88 older primiparas completed mailed questionnaires during the last trimester of pregnancy and at 1 and 3 months postpartum. The questionnaires included a demographic questionnaire that included data related to age, education, length of time it took to become pregnant, and work status, and the Revised What Being the Parent of a Baby is Like instrument (WPL-R). The WPL-R includes three subscales: Parenting, which relates to how closely the self-expectations of parenting match those of the individual and satisfaction with parenting; Centrality, which refers to preoccupation with the infant and ease of separation from the infant; and, Life Change, which is the perception of the degree of stress and change in the mother's life as a result of the birth of her infant. The WPL-R instrument also includes an opportunity to share perceptions of parenting that the participant feels are important.

Responses of the mothers in the study on the WPL-R were compared with the normative data in the original development of the instrument and analysis of this quantitative data suggests that the scores of the older mothers were low for Self-Evaluation at 1 month and high for Centrality and Life Change at both 1 and 3 months. Thematic analysis of the written responses indicated that the mothers identified time as important, either because they felt they were running out of time or were worried about being too old to parent. They also identified issues such as loss of control, which seemed to be unanticipated; overwhelming fatigue; and a lack of support, either because previous social networks were now unavailable, inappropriate, or nonexistent. Several mothers identified that friends were not supportive of them in this new role and that they felt lonely and isolated. The authors suggest that more anticipatory guidance might be valuable to these mothers related to issues of control, fatigue, and social support. They also indicate it might be helpful to these mothers to become involved in parenting groups, buddy with other mothers, or for nurses to refer them for home visits. Cronenwett's work with postpartum support groups would affirm this recommendation, as she observed that older mothers who had been involved in careers were more likely to attend these groups and to participate for longer periods (1980).

Beyond Pregnancy

While several studies focus on the period from pregnancy to early motherhood, a few studies focus specifically on the immediate and early period following delivery of the infant. Mercer (1981, 1986a, 1986b, 1986c) and Mercer et al. (1984) compared mothers 30-42 years old with mothers who were 15 to 19 years

old and 20-29 years old, using semi-structured interviews, observations, questionnaires, and scales. Comparisons were developed related to maternal attachment, self-concept, personality integration, flexibility, empathy, temperament, gratification in the mothering role, and the relationship of these variables to maternal behavior at 1, 4, 8, and 12 months. Criteria for inclusion in the study included fluency in English; a normal, live, first born infant who was 37 weeks or more in gestation; and, proximity to the hospital where the study was conducted. Two hundred ninety-four women were recruited into the study during their postpartum hospitalization, which included 66 teenagers; 138 mothers aged 20 to 29 years; and 90 women aged 30 to 42 years. Scales included a 15-item maternal rigidity scale, a 12-item empathy scale, the Tennessee Self Concept Scale, Blank's Maternal Behavior Scale, and the Ways Parents Handle Irritation Behaviors Scale. Questionnaires included obstetric and demographic data forms, as well as personal and social history forms. Results from the study suggest that self-concept was not enhanced through motherhood for the majority of the mothers in the study, regardless of age. This finding is contradictory to Breen's findings that the feminization encountered in becoming a mother is essential to completion of the female self-concept (1975) and Mercer (1986a, 1986c) raises particular concern about the decrease in self-concept since it was found among those who had difficulty adjusting to the maternal role. Mercer (1981, 1986a, 1986c) also notes that older mothers were more likely, than younger mothers, to experience internal change and disequilibria with pregnancy and early motherhood, which she speculates might be related to the high level of differentiation and definition encountered through career involvement, thus making it

more difficult to merge with an infant. Older mothers were also found to be more satisfied in career roles than the two younger age groups. Despite the lack of gratification experienced by the older mothers and the level of disequilibria produced, these women demonstrated skillful adaptation to the mothering role because they were most likely to handle the irritating behaviors of their babies in a positive way. Mercer (1986c) suggests that it is important not to overestimate the adjustment of older mothers to the maternal role since they are likely to appear competent and informed because their levels of education are higher than those of younger mothers and adolescents in particular, and older mothers are likely to be sophisticated about health care matters. Nurses and health professionals need to be aware, however, that the career success and education of older mothers can exact a high intrapersonal price and that they may expect more of themselves and their infants than what is reasonable.

In a study of the effect of age on the parenting role, Ragozin et al. (1982) explored the perceptions of 105 mothers of pre-term and term infants in relation to the parenting role using structured interviews, the Satisfaction with Parenting Scale (SWPS), a questionnaire on life changes, and two different rating scales to assess maternal behavior. The assessments were conducted at 1 month post hospital discharge and when the infants were 4 months corrected gestational age. The study suggests that the life experiences of older mothers may assist in coping with traumatic events such as a pre-term birth, as these mothers tended to express more role satisfaction than younger mothers. Among mothers of the term infants, the effects of advanced maternal age were observable as older primiparous mothers were found to

be more interactive with their infants than younger or multiparous women. The authors suggest that this finding is consistent with a higher commitment by the older primiparous woman to the parenting experience.

The findings of Ragozin et al. (1982) are supportive of those of Meisenhelder and Maguire Meservey (1987) in which older mothers were found to have slightly higher maternal satisfaction scores and higher tolerance for negative factors (which might include the complexities of caring for a pre-term infant), perhaps as a result of encountering challenges and problems through life experience. This study, which explored why career women delayed parenting and whether career women were less satisfied with motherhood because of other forms of gratification that were available to them, involved 68 first time mothers, 29 to 38 years of age, who were married, white, and middle to upper economic class. The instruments, which included the Maternal Attitude Questionnaire, were mailed to the mothers, whose infants ranged from 3 to 11 months. Findings of the study included the tendency of women to delay having children because time was required to make the decision, either because they needed time to develop themselves or they needed to determine whether parenting was an appropriate lifestyle for them. Delays in the mothering decision were found to be related to a sense that the women had freedom in choosing the timing for motherhood, rather than to a pressure to meet career goals. Whatever the reason for the delay, the data from the study suggested that the decision to mother was deliberate and conscious, as the women in the sample had strongly considered the possibility of a childfree life. The authors of the study suggest that older, career minded mothers are likely to be concerned about integration of a child with their professional

responsibilities. Like Mercer (1986a, 1986c), the authors suggest that these mothers are likely to be well-informed and thoughtful, but will require anticipatory guidance and assurance to bring mothering concerns and career problems to a manageable level.

Twiss (1989), in a comparative study of younger first time mothers (20 to 29 years) and older first time mothers (35 years and older), explored the levels of transition difficulty, maternal adaptation, and role satisfaction at 3 months, 6 months, or 1 year post birth. Data was collected from 81 younger women and 94 older women using the Motherhood Demographic Questionnaire, the modified Transition Difficulty Scale, the Parent Satisfaction Scale, the Family Crisis Oriented Personal Evaluation Scale, the Kansas Marital Satisfaction Scale, the Infant Characteristics Questionnaire, and the Job Satisfaction Scale. Findings of the study suggested that infant fussiness impacted on the degree of difficulty that older mothers experienced in the transition to motherhood whereas the level of satisfaction with the division of household tasks was a larger determinant for younger women. Further, older mothers tended to experience greater transition difficulty at 3 months and at a year, than younger women. Parental satisfaction was found to be related overall to the degree of transition difficulty and to the degree of transition difficulty experienced by the older mothers. On the basis of these findings, Twiss recommended that parenting classes address the effects of maternal age and parenting.

In a study of 40 first time mothers, aged 30 to 35 years, and 40 first time mothers, aged 20 to 25, Cook (1993) explored the perceived psychological stress, perceived social supports, and social networks of mothers at eight weeks post partum.

Using the Perceived Stress Scale (PSS), the Personal Resources Questionnaire (PRQ), and the Norbeck Social Support Questionnaire (NSSQ) and t-test, multiple regression, ANOVA, and path analysis, Cook concluded that perceived support was important in the perception of stress. Further, advanced maternal age was correlated with less stress and more social support than young maternal age. Cook suggested that older mothers in the study were found to have more frequent and longer contacts with their social networks than younger mothers, a finding that seems to contradict the findings of McClennan Reece and Harkless (1996).

The *High-Achieving Women* (2001) study that Hewlett (2002) describes in her book, together with anecdotes and informal conversations with childfree career women and older, career-oriented mothers, highlights difficulties that career-oriented mothers experience in accommodating motherhood and careers. Hewlett (2001, 2002) underscores the loneliness experienced by women who have sacrificed children and marriage for careers and suggests that the majority of women in the study "did not choose to be childless" (p. 86). Instead, these women were forced into a childfree path because of lack of opportunity to step out for motherhood and regain career momentum and because workplaces frequently do not offer options such as flextime, reduced hour jobs, and paid leave that accommodate work and children. Hewlett (2001, 2002) suggests that women in the study strongly believe that pregnancy is possible into their forties, which will place increased demand on health care and will increase costs of reproductive technology. The study itself (Hewlett, 2001) involved short interviews and an on-line questionnaire. 1168 high-achieving career women 28

to 55 years of age and with 472 high-achieving men in the same age range. Achievement was measured by level of income.

In other studies of older mothering, Coady (1982) suggests that older mothers liked being mothers but that the experiences of career and education did not prepare them for the experience of mothering, a finding that is supported in the Twiss (1989) and Berryman and Windridge (1995) studies but that is contradicted in the Ragozin et al. (1982) and Bell Meisenhelder and Maguire Meservey (1987) studies. Enter (1993), in her naturalistic exploration of older mothering, however, also suggests that education and experience provided psychosocial advantages for older mothers but that older mothers were physically and medically disadvantaged. In her study, she suggests that nurses need to be sensitive to the needs of older mothers for referral, health education, and counseling if the efficacy of older mothers was to be enhanced, which has also been highlighted in other studies. Reece (1993, 1995) explored the role and sources of social support for older mothers and found that these came primarily from partners and friends, a finding that may be complementary to findings in Enter's study and to those in Cook's study (1993), but which was found to be lacking in the McClennan Reece and Harkless (1996) study.

The Mothering Experience, In General

Other research in which mothering has been explored in detail has not specifically addressed older mothering. Bergum's seminal works (1989, 1997) describe, with tremendous insight and fullness, the experience of mothers in general, of adopting and birth mothers, and of teen mothers, but does not address the specific experience of older first time mothers.

In *Woman to Mother: A Transformation* (1987), Bergum intensely explores the experience of becoming a mother; of transforming from woman to mother. Through the themes of *In the company of women*, *Gathering fragments of women's experience*, *The beginning: The transformative experience of the decision to have a child*, *With child: The transformative presence of the child*, *Separation: The transformative experience of birth*, *One for another: The transformative sense of responsibility*, *Living with a child: The transformative experience*, *Living with a child: The transformative experience of having a child on one's mind*, *The relationship of knowledge to self-understanding*, *Red is the color of birth*, and *Living the question: One is what one does*, Bergum articulates clearly the universal mothering experience. She suggests that mothering is a deep and embodied experience of decision making, of getting and being pregnant, quickening, the synchrony of unity and preparedness for separation in pregnancy, birthing, and taking responsibility that is distinctly different from that of fathering. In *A Child on Her Mind*, Bergum (1997) explores in yet greater depth the intensely moral claim and work of mothering, which she suggests is a lifetime of commitment that encompasses the child, fully present in mother awareness. Through the themes of *Mothers Giving Birth*, *Adoption's Two Mothers*, *Teen Mothers*, and *Way of the Mother*, Bergum explores the ways in which mothers come to mothering and its ongoing connections, not only with the child, but also with other mothers, women, and the community-at-large. In *Mothers Giving Birth*, Bergum explores the experience of decision-making, the experience of having a baby in a mother's life, the experience of birthing pain, and the responsibility of child. In *Adoption's Two Mothers*, Bergum explores the

forever connectedness of giving birth and of placing the child for the birth mother and the experience of two mothers in the life of the child. Through *Teen Mothers,* Bergum articulates the pain and recognition of the mothering experience for the very young mother and the ongoing need of the teen mother for nurturing. In the final theme, Bergum discusses the transformation of the mother as the foundation for moral relationships and for the commitment, each of us to the other. Bergum (1989, 1997) identifies that her work has involved the becoming stage of mothering, which she defines as pregnancy, birth, and the initial care of babies, and the moral commitment of the mother. These works, while they do not address older mothers specifically, are descriptive and insightful about becoming a mother, and have provided a useful basis for formulating questions and initiating probes during conversations with the mothers in this study.

Summary

In conclusion, a review of the literature suggests that studies related to older first time mothers are limited in spite of several demographic studies and of statistics that suggest that the trend towards delayed mothering continues. The studies that specifically address older mothering are restrained in scope and consideration and have tended to isolate psychosocial and physical aspects of delayed mothering, as well as the becoming phase of mothering. Further, studies that emphasize inclusion criteria such as marital status and uncomplicated pregnancies and births may well be out-of-step with demographic changes in mothering or fail to reflect the experience of older mothering where it is found. Findings from the studies tend to be inconclusive and contradictory, suggesting that there may be a need to first articulate the

experience of older mothering and to define it from the perspective of the older mother, before attempting measurement.

Studying the experience of older mothering from the perspective of the mothers themselves may assist nurses and other health care professionals, mothers, and policy makers not only to understand what it is like to be 40 and a first time mother, but also, through understanding, to develop even greater sensitivity to the kinds of support, the issues, the triumphs, and the meanings that sustain these mothers in their uniqueness as older first time mothers and in their connectedness with mothers everywhere.

In the next chapters, the mothering project, which is the work of commitment and thoughtfulness that expresses the experience of being an older mother, is articulated and explored, to assist nurses, other health care professionals, and mothers to understand the uniqueness of the older mothering experience as older mothers find it. Although presented in separate chapters, the mothering project expresses the unity of pregnancy, becoming a mother, and being a mother that is the experience of mothering.

CHAPTER FOUR

MOTHERING PROJECT: PROJECT OF LIFE

The search for meaning in hermeneutic phenomenologic study is as much the consideration of questions arising as it is the articulation of the clearly demarcated eidetic residue found in Husserl's descriptive phenomenology (Jardine, 1994). As Bergum (1997) suggests, the writing of hermeneutic phenomenology involves sometimes overlapping themes that reflect the ambiguity and the complexity that is found in the everyday world, and in this study, the lived-in world of older mothers. The themes reflected in this chapter and those that follow are the thoughtful turning to the commonalities and differences that I have found in conversations with mothers, which include, but are not limited to the commonalities and differences of temporality (lived time), corporeality (lived body), lived space, lived relationships, situation, concerns, and meaning that provide a basis for understanding the world-as-lived (Benner, 1994; Van Manen, 2001)

Mothering: Project of Life

It seems strange to use a business-like word such as *project* to describe a situation and a way of being as intimate, dynamic, and embodied as motherhood and yet, throughout the conversations that the older mothers and I shared, I was struck by the extraordinarily serious concern with which these mothers regarded mothering and their involvement in it. It was, for them, a plan or a project. The word project comes from the Latin *projectum,* meaning *to throw* or *to send*, and is commonly used to

mean a "something projected or proposed for execution; a plan, scheme, purpose" (*Compact edition of the OED*, 1971). The thinking forward implied in the Latin *projectum* takes its root in the considerable forethought, focus, work, intentionality, commitment, and the right kind of resources that are associated with a scheme or plan, all of which applies to mothering. Arendell (1999) also uses the word project when she advocates for the need to have greater understanding of the experience of motherhood and of the needs of mothers or of "the mothering project, as mothers see it"(p. 36), and Winslow (1987) suggests that this was a word that older mothers in her study used to describe pregnancy. Elizabeth likens motherhood to the project of writing essays, as she reflects on the serious responsibilities of mothering.

> *Well, I think it is like in school, you write essays, Essays are projects but pregnancy is sort of a project for life and boy, you don't want to screw this one up.*

For Elizabeth, the mothering project has a significance that may separate it from other undertakings. Mothering implicates the moral imperative of *doing good* (Gilligan, 1982; Kohlberg, 1981) by *doing well* as a mother. Ede explains what doing well means as a mother.

> *...when it's your mother, you muddle through. You want to do so much more than muddle through when you're thinking about your children who have decades of life ahead.*

The deep concern of Ede and Elizabeth about the mothering project reflects the moral strength of women and is inherent in how they are judged by others (Gilligan, 1982) and in how they judge themselves (Bergum, 1997). Judgment of

mothering, in particular, and its adequacy or inadequacy is the burden that is attached to mothers (Rubenstein, 1998; Swigart, 1991) by mothers, non-mothers, fathers, non-fathers, sons, daughters, and society-at-large; a burden that is made more difficult in that this is an irreversible project that cannot ever be completely re-written since each moment is simultaneously the realization of for once and forever. Elizabeth acknowledges the synergy of indelible creation and the call to the immediacy of each concrete mothering moment in her further consideration of the relationship between essays and mothering.

> *I am either right for it or wrong for it, but I did it. And when I wrote an essay, I would write an essay, I would sign it, I would deliver it. I would never re-read it. I would be re-reading it as I wrote it, but I have never to this day sat down and read my essay from start to finish. Never. Not one essay I ever wrote.*

The moral work, the getting-it-right, is reflected in the language that Anne uses to describe her first motherhood project.

> *It was important for me to do it right and to get the information...reading, you know, doing lots of work, so that the problems that we might encounter might be eased over.*

Anne is deeply concerned that problems that she may find in her relationships with her daughter are addressed in a *right* way. An obsolete form of project, *to put before oneself in thought or conceive* (*Compact edition of the OED*, 1971), is an apt imaging of the way in which Anne turns to the work of thinking and seeking information and reading, as she anticipates the ways that her mothering relationship with her daughter

might evolve. The consciousness, purposiveness, and looking outside for guidance of her search splits subjectivity between the intuitive womb expanded and opened, which is motherhood, and as Young (1990) describes, the objectification, or "awareness of my aims and projects" (p. 165), which is the work of the older mother.

> *There isn't a project you've ever given me to work on that is more interesting and challenging than this kid in my life...multifaceted...intellectually... emotionally...and spiritually challenging. It's the biggest job. (Heather)*

The Quickened Womb: Withered Eggs and New Life

For older mothers, the coming to the decision to birth is sometimes a process of realization of the absence of children in their lives; for others, the coming to birth and motherhood has involved the tears that come with the closeness of loss and disappointment. For some of the older mothers, the presence of blood has signified the absence of child life, a choice that they have made for years; for others, the presence of blood has signified the end of new child life, vigorously sought. The blood of menstruation, as Bergum (1997) suggests, is a "bodily reminder that puts the idea of children squarely in her thoughts" (p. 18). It is also a reminder of the end and of a beginning, for the appearance of menstruation blood signals the end of one cycle and the beginning of the next. For the older mother, the end begins to etch a deeper awareness than the beginning, for each cycle brings the mother closer to the possibility of the end that signals never and, the forever silence of the womb. This coming silence is loud for the older woman who has been caught by the presence of child and for each of the mothers, regardless of whether they have chosen to delay childbearing or whether loss and infertility have chosen them. The choice, at first, for

those who have never born seems rational, thoughtful, and careful, and then is consumed by immediacy, haste. For those who have born a child but lost, there is resignation to the possibility of never, but a hurried hope that a child may come before the seed of the womb is gone and the fertile signal of the menstrual blood is no more.

The term quickening is a traditional, familiar term that is used to describe the first fluttering movements of the child, felt by the mother (Bergum, 1997; Duden 1993), and is for the mother, the felt-in-body affirmation of the presence of the child. The gentleness of the movement teases and touches the sensibility of the mother, catching her in the immediate concreteness of her pregnancy. For older mothers, the quickening of the womb precedes the tentative first stirrings of pregnancy, teasing at the possibility of child and moving the mother towards the immediacy of *what if* and the morality of *should I?*

> *Oh...you're 38. You really ought to have an amniocentesis. I think the medical community puts that on you because there are risk factors in age. I actually never felt old until I was there for the amnio and they gave you all the stats...I wasn't really scared before but now you've got me really worried.* (Elizabeth)

When I was pregnant with our third child, I was referred to a specialist in the final month of my pregnancy because our family doctor no longer delivered babies. The first question that the *special* doctor asked was whether I had had an amniocentesis. He was surprised and dismayed that I had not. I was surprised and dismayed that he thought I should. Our family physician had inquired about

congenital abnormalities when I was first pregnant and had gently advised that the risks of loss from the amniocentesis were likely greater than the possibility of common abnormalities since I was on the edge of high risk. I appreciated his honesty and respect for choice, and the baby and I remained comfortably in my body until my final month, when the question of being older again became that of how I was risking my baby. I, too, worried until my healthy baby was delivered. The pregnancy assumed yet another meaning of project in that the potential damage to my child was continuously in front of me, extending forward into the concern that the possibility of deviation brings, and as visible to my consciousness as the sight of my swollen belly.

The question of maternal disembodiment tugs at the emotional resources of society and community. How do we better support the older mother as she encounters the possibility of risk? What choices do we give her in scientific scrutiny? Chesler (1979), in reflecting on her experience as an older first time mother at 37 undergoing amniocentesis, suggests that the lack of choice that the mother is sometimes given does not remove the responsibility of consequence for the mother. "How would I feel if that huge syringe – I see it lying on the operating table – were an instrument of death?" (p. 38). Does the mother know that she has a choice as to whether and how her pregnancy will be scrutinized? How will she benefit from the knowledge that she is older once she is actually pregnant?

Making Space in the Womb

Irene talks about the decision to bear child. Her pregnancy and early mothering experience is near for her as her son is just 20 months old, nearly 40 years younger than she. She has wanted a child for a long time, but her husband has been

cautious about becoming a parent, and has said that he wants to ensure that they are financially secure and that they are in a house that is theirs. The pause to make a physical space secure enough for a baby has almost delayed the decision beyond the time that Irene feels the womb can provide safe space for her child. Her need for love and for the connection with child begins to provide an overwhelming pull towards pregnancy. The child has begun to call and the quickening of the womb becomes urgent, unresting, and unwilling to listen further to the hesitancy of the father.

> *At the beginning, I wanted to have lots of children. And we were married early. I was supposed to be a labor coach and after going to the classes, I'd come home and say let's start a family. He was like "no, not yet". We wanted to get a marriage going, get the home set up...make sure the relationship was going to last, and so that kept going for bit, but then I became ill and they told me not to get pregnant...so that put it on the backburner again. Then he [the doctor] said go ahead...so I waited a little longer and now maybe I'm getting too old now. This sounds really silly but I had a little dog...I had to put him down early and I have a disability and I am in the house a lot on my own...it broke my heart...I wanted that love. One day, I just said let's have a kid. That was it. I'm just going to make up my mind period, right there and then. It was just like off the wall sort of.*

The decision to finally bear a child has not, however, been sudden or impetuous. Since her mid-thirties, Irene says she has considered whether her own needs outweigh the needs of the child yet to come or whether the risks to the child are fair. It is possibility; it is potential. Perhaps, as Rubin (1984) theorizes, the little dog

served as a beginning binding to the sense of self as a mother. Irene wants mothering to be right.

> *I really wanted this baby...but I wasn't sure to what extreme. Like would it be fair to go ahead and have a Down syndrome child or maybe I should just forget the whole thing because was that being too greedy? It was the risk factor...I wasn't sure if that was fair to the baby.*

She has read; other older women are doing *that* now. She is reassured.

For Irene, making space for a child in her life and in her womb has been a process of choosing. Her journey of choices seems to involve an initial, deliberate consideration of her environment and whether it offers the security and caring that *she* requires and then, a deep concern with whether the environment that surrounds her will hold both her and her child. She asks, how much security is enough? Should I conceive, and when? And, she shifts her concern from her outer holding environment of her house, her husband, and her finances to her body and what she can offer the child. Should I conceive at all, if the child is placed at risk? Do I want too much?

Gilligan (1982) suggests, "the essence of moral decision is the exercise of choice and the willingness to accept responsibility for that choice" (p. 66). The making of choices moves the woman away from the childlike stance of having no choice and of dependence that offers only the fear of abandonment if she fails to sufficiently please. The quickening of the womb propels the woman into decision-making and the realization of choices, as she must consider whether to heed the call of the child or to answer the whisper of *Are you ready?* with the emphatic *no* of

childfree resolve, which Bergum (1989) suggests, may be generated from the fear of change. There is no way for her to excuse herself from the responsibility of choice. Bergum (1997) suggests that choosing whether to remain childfree or to have a child is a decision that confronts all women, physically, emotionally, and cognitively, and even more so with the choices offered through modern conception. Through the opportunity of choice, the woman is frequently forced to make a decision as to whether she *will* or whether she *will not* have a child. For the older woman, this choice involves not only *will I?* , but also *what will I bring to mothering?* and also, *what am I prepared to give up?* These mothers, because of career, friendships, and sometimes, longstanding relationships with significant other adults in their lives, come to the decision to childbear with many assets and treasures that have accumulated through life and experience. What indeed, can they give up? Irene speaks of the *giving up* as a helix of giving up and giving *to.*

> *...you want to give her all the best and I suppose as having a career and being older, you see the value of that...you're well set financially... that's something that you're willing to give up...or something else to give up.*

Several of the older mothers, who have deliberately delayed mothering, speak of the days-before-child as enjoyable, independent, growing times, when they traveled, worked, and focused on relationships or on their own needs; having a child earlier might have involved resentment.

> *I've found I've not resented having him. I've had the opportunity to do things for myself, buy things for myself...I've had that chance and I don't need to do*

it again. I can say it was fun...this is the next phase of my life and I enjoy that. (Elizabeth).

I am glad I did not do it 10 years ago. I probably would have resented it...I enjoyed all the things I had done between 20 and 40 and I am sure there are many things I would not have done if family had come on me earlier. (Ede)

In the time before quickening, there was little or no space in the lives of the older mother, and these women, finding space has been a process of choosing and deliberation. As Parse (1981, 1998) suggests, the process of choosing requires a simultaneous moving away from and a moving towards. Making space, for the older mother, means a deliberative exploration of the space in her life and whether the movement towards mothering and movement away from the life-as-currently-experienced can be accommodated within that space.

Making Time: Being Ready

For Elizabeth and Ede, there is acknowledgment that they enjoyed the life-before-child and that lost opportunities for life-before-child would have been missed, regretted; felt. The opportunities to experience a life without the presence of a child have given these mothers freedom to fully enjoy the child, now present. Aging and deliberatively choosing to mother has given these older mothers the opportunity to make time for their children. Time is no longer bounded by the demands of everyday survival, such as wondering if there is enough money for everyday needs. For these mothers, there is a sense that involvement in the everyday tasks of living, as a young mother, may not have given them the time to reflect on what was happening with their children, or to focus on the children, or to consider other mothering issues.

There is a deep concern that they may not have had the resources to cope both with being a mother and with the responsibilities of mothering when they were younger.

> *[younger mothers]...are more focused on day to day sort of tasks – coping with financial problems.* (Anne)
>
> *You've got $200 in the bank...do you have time to sit back and talk about...that your kid is a little bit of a fart?* (Heather)
>
> *I am able to give more freely of myself because I am not worried about what jobs...Do I need to look for a job? What job am I going to do? I don't have to worry about whether I have a roof over my head. I already have that. And I am more settled in my life and happy where I am. Therefore, I am able to give more of myself instead of worrying about other things that younger parents do worry about.* (Leona)
>
> *Younger moms are too busy and don't necessarily have the time.* (Elizabeth)

For the older mothers in this study, being older not only means creating time and space through financial security, establishing a home, and relinquishing self-interest and self-indulgent pleasures that they experienced when they were younger and childfree, but also seeing time in a different way. There is a sense that time and life experience has taught the mothers that minutes and events are tied to greater minutes and events but that some events and issues assume greater importance than others; for some this comes with more patience for their children and for others, an acceptance that they are not patient. Perhaps there is the freedom to consider new possibilities. Newman and Newman (1988) suggest that the presence of a child

connects us with our past but also frees us to consider new possibilities as we recognize that the future of the child is not identical to our own.

> *I have more patience now...we see things as a whole part rather than just a little small piece. I take everything and break it down into those pieces, but I see it as being this big picture. I think when you're older, you have more life experience and that's how you look at things.* (Leona)
>
> *I hope that by being older...I might be able to ascertain which things to make issues out of...things maybe not or things to let go, because in the great span of everything, you have to look at how important it is. I think as a younger person...I would have made issues out of everything.* (Anne)

While placed within *a broader frame of reference* (Theresa), events and moments are precious, as there is recognition that time is limited. There is no time to waste and no time to assume that there will be other opportunities. Maushart (1999) suggests that motherhood is frequently seen as something to do for a while or a way of stepping out of life's other responsibilities; Lieblich (1988) suggests that motherhood is what women do in the first half of their lives as they address the developmental task of intimacy. It is a starting point on the way to somewhere else, which Welles-Nystrom (1997) suggests is the transition to full adulthood and Breen (1975) refines further, as the movement into the full experience of womanhood and femininity. For the mothers in the study, this is the opportunity and this is the time; adulthood has long been achieved. Intimacy, bonding, caring, and relationships, the processes of early womanhood (Gilligan, 1982), have already arrived in the first half

of a lifetime. There is little time to pursue other opportunities, such as more children. There are no moments to spare but there is time to give to what is important.

> *.... younger mothers... a lot of them have more time than they can use to pursue opportunities. Older mothers don't. And because of that, I think we tend to focus more on the moment much more because it has been brought home to us throughout the course of our lives that things that are precious are rare...When you're young, you have that stupid sense of the immortal. Oh, I got 20, 30, 40 years... They [older mothers] are more seasoned, they have experienced a lot of what life has to throw your way...We may not have the rose-colored optimism that the young have, but we have a deeper, richer appreciation of what the moment can bring and of what the future can hold.* (Theresa)

The perspective has changed for the older mothers. Mothering means that day-to-day issues assume less the desperation of survival and the crisis of moment, and perhaps more the transcendental value of finding meaning and treasure in the time that is spent with their children.

> *I look at it more like a lifespan...maybe, too, because I realize time isn't there. I don't have time to practice again or maybe 5 years from now, I'll have another and get it right or do it in a different way....I really do want to do the best I can....I think I am in a better position where I realize just how important it is to do some active work on it, not just well here are these kids and I am right in the thick of it and I'll just cope from day to day.* (Anne)

Time will take care of it...(Leona)

The acknowledgment of these older mothers of their unreadiness earlier to give up what they saw as freedom to take on the mindfulness of childrearing and of their lack of readiness for motherhood in their early adulthood, has an honesty. Gilligan (1982) suggests that shift from caring for self and survival to caring for others is a fundamental movement in moral thinking for women. The further shift to consider, with candor, the consequences, negative and positive of the caring, represents a higher order of moral thinking, and for the older mothers, a consciousness of what was and what is and what that means to their lives and to their relationships. It is perhaps a sense of *being ready,* of its being time, to move away from the freedom of caring for self to the responsibility of caring for others and a realization that the right time can create a sense of fulfillment; the wrong time may mean entrapment.

I would have thought I'd made a mistake if I had had children earlier...I would have felt trapped... (Ede).

I don't know if I would have taken as much time with Devin as I have...(Elizabeth).

When I was younger, I'd much prefer to go out on Friday night and do things with my girlfriends...going to the parties and the social functions...I just don't need it any more. (Irene)

I already had all that freedom...having done all the things I wanted to do. I had my fun - I did all those wild and crazy things that I wanted to do...I don't

feel that I have missed anything...don't think Thomas would be as high functioning as I would have been too involved with myself. (Leona)

Being ready is a familiar context in mothering. The expectant mother packs a bag for her trip to birth or discusses with the midwife her wishes for the actual birthing (Bergum, 1989). The room is painted for the baby; clothes are made or purchased. The *being ready* involves a worldly, objective signal that the mother is about to give birth, that there is imminent change for which the mother has planned. Being ready is also an embodied subjectivity that the mother experiences with the baby's dropping, the slowing of her own movements, and the sense that *it will not be long*. For the older mother, being ready suggests the work of making the external environment ready, but also of making the self ready; getting ready to willingly let go of a focus where the self is at the forefront.

There is a voice here that is different from the teen mothers in the study by Bergum (1997); the older mothers have made deliberate and sometimes lengthy choices about having a child. For the teen mothers, motherhood has come to them through the unexpected; motherhood was unintended. "Since they did not do anything, the child remained with them. It was like getting pregnant – they did not decide, they just lived as if pregnancy could not happen to them." (p. 109). For the older mothers in the study, there has been deliberate choice to move away from freedom, sometimes over an extended time and sometimes within a short time, in exchange for the sacrifices of mothering.

I didn't really feel that I was in a position until 30 or even 32...I didn't think I was ready. I was sort of enjoying life and wanting to be there...It was not that

I never wanted it, I just didn't want it yet. I had quite a sense of having a family and then you are devoted...this is what you do. (Anne)

There is Little Time

For the older mothers who have come late and deliberately to their decision, the quickening of the womb now carries a sense of immediacy. There is little time.

...followed by immediately we better hop into bed because we can't waste any more time on this. Look at how old we are...I explained it to my mother as being overtaken by raging hormones in my declining years. (Ede)

...I got pregnant and I miscarried, then all of a sudden it came to the forefront. We thought okay, if we're going to do this, I am 37, we had better think about it. So we decided we would try, and then by that time, I was pregnant...(Elizabeth)

...My whole life I thought I don't want kids. I was in a depression for a long time and didn't know it...when I snapped out of it, kids was number one on my list...we have to do this fast, you know. (Zoe)

Is the child of the older mother indeed the child of panicked conception or the symbolic child whose mother fears that life is passing by too quickly (Fabe & Wilker, 1979)? Or is the desire to be with child an expression of awareness of subtle shifts in the way in which the mothers are in their roles and relationships and in their lives; perhaps, an increasing desire for other meaning in their family lives? For these mothers, the awareness of age brings an awareness of what is yet to be done and thoughtfulness about the possibility of child. The decision takes life before the child.

For some of the mothers in the study, the decision to bear a child has brought pain and disappointment. For Leona and Theresa, a deliberative decision to be a mother was made years before the child. They have chosen motherhood, but motherhood has not readily chosen them.

For Leona and Theresa, the womb that was quickened has let go its immediacy; there is resignation and a sense that the outcome is beyond their control. Pregnancy is no longer ordinary; it has taken on the nature of extraordinary. The bags have been unpacked, probably for the last time. Eventual pregnancy arrives, unannounced and without obvious space in their lives.

Packing the Bags: Again

For Theresa, the pregnancy is especially surprising. She was 16 years old and unmarried when she gave birth for the first time. She gave her son away because *I was afraid of what kind of mother I would be. I figured okay...I owe him a better chance.* She still cries with the pain of this decision; she is a mother but she has relinquished her opportunity for mothering, which the *Compact edition of the OED* (1971) defines as *the action of the verb mother.* She mourns the loss of her experience of mothering and has given up hope that she will hold another child that is hers again, this time to keep. The hope that is pregnancy and motherhood never lasts.

> *Twenty years, 12 miscarriages and I was whipping myself for ever having given him up because if I had known that he was going to be the only baby I would ever have, I would never have given him up. And nobody ever told me I had the option of putting him in foster care...and when they told me I was pregnant with Hannah, I was floored. I was just...I had gone through cervical*

cancer during that time and I didn't have very much of a cervix left and after what they had done to me delivering my son...and then they told me I was pregnant. Yah, okay, run that by me again doc..run the test again. You're nuts. The doctor ran the test again and came back in and said the rabbit is dead...So I looked at him and said, "you didn't even try to resuscitate it, did you? So then I had to figure out how to tell my poor husband...Anyways, once I got over the initial shock, I began worrying. I was 38. Oh, my God. What if something is going to be wrong with her?

For Leona, pregnancy and motherhood arrive years after her initial tries to become pregnant. She has given up thoughts of trying any further interventions in an effort to become pregnant; she has little belief she will actually experience pregnancy.

My [ex] husband and I tried for 3 years, doing a variety of fertility treatments to have a child. When I was in my twenties, I became pregnant a few times during that period but I miscarried. At that point, I decided I wasn't going to go through the roller coaster ride of the hormone shots and I felt that if I was going to have a child, that was okay...and by miracle, I found out that I was pregnant and I wasn't having any fertility treatments at the time...I had been told that I would never have a child unless I had some sort of medical intervention...it was a shock. My ex-husband said I would have to make a choice and of the three things in my life, one of them was going to have to go, whether that was my baby, whether it was school, or whether it was my job...I worked and had Thomas and then he left just after Thomas was born.

For both Leona and Theresa, consideration of what *was* includes the pain of decisions about what that has meant in their lives. Consideration of what *was* has been that of what has been lost and what has been kept; of relationships and hopes formed and then, lost, perhaps forever. The absence of child has been a painful presence and yet, the possibility of child, the what *is*, comes encumbered because these mothers feel their lives perhaps no longer have the space that is needed for the child. They must make space and must begin to consider whether the bags can again be made ready. Perhaps, too, they must begin to consider whether there is space enough for more than one child, because the presence of one child is the reminder of the absence or the loss of another. The bags are packed, but for whom?

> *Hannah is not just Hannah. She's Andrew. She's every baby I've ever lost.* (Theresa)

The older mother is faced with a dual dilemma of choice, because she must not only consider if she wishes to have a child and whether, as Irene suggests, she is grown up enough, but also if it is safe enough to have a child at her age. What is the truth? Is being older being a bad mother? Is she irresponsible because she makes a choice that may hurt a child not yet conceived? Is there space enough?

Getting Pregnant, Getting Older

For some mothers, the realization of older comes with the decision-making. Irene has read, and she considers the risk to her child. She is reminded that she is older because the magazines tell her. The magazines also caution her about the flaws that emerge in the fetus from withered eggs. She is worried about the possibility of Down syndrome. Ede knows about the limits of her body from her study of science.

She is matter-of-fact. She in *on her last eggs...you don't have much time biologically speaking*. Her realization is troubling for she says that *the most emotional time of the whole pregnancy was the amniocentesis.*

For Anne, the judgment of others is present, troubling, reminding her that she is older and a risk to her unborn child.

> *You know, just more trouble, more risk...I still felt I was sort of around that risk time, but not so far past, that society would think it was out of line. Society, in general, views, the older mom, especially once you've hit 40 in a whole different light than before you're 40...I know that's how people feel. 'Oh, she shouldn't, you know. Why does she bother or why have they tried? She's jeopardizing her own life, the life of her child, you know.' I've heard comments...it seems people don't view it as the right thing to do.*

Bergum (1997) speaks of the criticism, the knowing and hostile looks, and the censure experienced by teen mothers because their time is not the season given to mothering by society. For the older mothers in the study, the possibility of judgment and censure is also very present; it is part of their coming to know themselves as older. Leona, like Anne, experiences the censure and doubt of others. Her 21-year-old friend tells her that she will not be able to cope with *running around this little guy*. Leona laughs and says she is not ready for pension, but later, she thinks *maybe I am older*. She considers what she can bring to her child because of her age and settles for her ability to provide for him in a way that she would not have been able at younger age. For Leona, the question of rightness extends beyond just pregnancy, and its risks, to the good that she can offer the child though her greater maturity and

financial security. Leona resolves the question of *Is it right?* by considering the beneficence of her circumstances for her unborn child in conversation with a close and supportive family member, but what of mothers who have less confidence or may lack the support to feel comfortable in their decision? The community, as George Monbiot (2001) suggests, can be harsh and unforgiving in its judgment, particularly in relation to women, mothers, and their reproduction. In a rebuttal to the critics in the British press who had marked Liz Buttle, the 63-year-old who gave birth as a result of in vitro fertilization, "an offence against nature" (p. 1), Monboit points out that there are many acts of nature that are considered acceptable. In support of his position, he points to the ample opportunities for young teens to become pregnant and to the high mortality of women in childbirth at the turn of the century. He advocates for gentler societal consideration of older mothers, as the benefits of carefully considered out-of-step motherhood may outweigh the natural consequences of "carefree fecundity" (p. 1). His stance resonates with that of Swigart, (1991), who pleads for an environment that supports and understands mothers, rather than judging those who fall outside the acceptable parameters of the motherhood project as unfit, bad, or unworthy. After all, the mother-children of the Renaissance and Baroque periods were considered good mothers, in spite of their age. So, too, was Sarah, the wife of Abraham, who was celebrated and venerated as a first time mother at the age of 90 years (Genesis 17:17), which suggests that judgments of good and bad, fit and unfit, worthy and unworthy, mothering-in-time and mothering-out-of-time fall within the social womb, rather than within the absolutes of science.

For Anne, the difference between the social and scientific view is very clear. Science worries about the risk that older mothers pose to themselves and their fetuses; society worries about the kind of mother you will be when the child is born. There is concern that as an older mother, you will not be able to satisfy the responsibilities that are placed on you as a mother because of your age.

> *...society views it that way...you won't have the energy for this child... you know, you will be old by the time she leaves. You'll be past retirement.*

The implication of social burden justifies the looks and the questions; the voice of the mother is silenced, hidden in the cacophony of debate over the right time to bear child.

The call of the older mother needs to be heard, which is for understanding and compassion for her decision, rather than the condemnation that judges time and context rather than a woman's true capacity for mothering.

Embodied and External Age: Deviation Begins

The mothers in the study face not only the judgment of their community and friends, but also the judgment of modern obstetrical practice. For some, the experience of being considered high risk is the first time that they encounter the view of themselves as older because as Zoe says, *I'm older in number but not in mind.* For Ede, embodied, subjective age differs from the view that she confronts as a medically older mother.

They told me I was [older]...My doctor said you're going to have to get a test. You're over 35.. I looked at him and said, I'm not that old...if I was to label myself, I would say I was a young to medium aged mother. (Ede)

The realization, for some is shocking and worrisome, because while they may have carefully considered what they can offer the child, they have not considered the risk that their age presents to the fetus. Their embodied age does not match the external, objective criteria that are applied to elderly primipara. They are *wanting to be as young as...could be and feel as good as...could be* (Anne); they do not think of themselves age wise or in terms that can be measured by the number of years.

You go to a special doctor and that's how I related to being older...I'm in the 35 to 40 high risk...I worried the whole time. (Zoe)

The concern associated with amniocentesis and with being a risk seems to cut between embodied age and the object body, heightening awareness of the aged body and its functions, of which one is carrying a healthy fetus. The fetus is observed and studied, with the older mother left, a container whose contents are scrutinized scientifically. For Theresa, the process is disembodying, as she takes on the language of science.

They sent us down ...for an amniocentesis and that was <u>not</u> a pleasant experience. They don't use anesthesia when they do that anymore and you have to be past a certain date when they do that because they discovered that when you do it too early, that was leading to children being born with deformed feet and things like that...And it took them more than 40 minutes to do the amniocentesis because they said she was one of the most active fetuses

they had ever seen. She did not stop. She was all over the place. And they kept having to draw the needle out and reposition it. (Theresa)

Theresa is caught between the cold rationality of being a condition and a risk and the closeness she experiences inside the womb with her child. She feels her daughter moving *way before most women do* but recognizes that her body may not be a safe vessel. *What are we going to do if we've got a seriously handicapped child?* In her words, she was *freaking*.

For some mothers, objectifying scientific scrutiny itself offers comfort. Anne offers insight into how scrutiny separates mind and body, and how science places a wedge between the fetus and the womb.

At 35, you have all the tests so there's a lot more to it. It's not so much how you perceive it because you might not feel any different but everyone is telling you that you need this, this, and this because you are 35 or you are older than 35...the possibility of x number of things going wrong is there. It's sort of society or obstetrics that specify what that age is. I certainly didn't feel in my body any different than I probably had five years ago...so I never felt inside I was older. (Anne)

For the mothers in the study, there was little sense that there were efforts to honor the unity of mother and the fetus during the process of scientifically examining tissues and cells. The language is perhaps kind but objective and precise; in the words of Gawande (1999), medicine presses hard. There are risks. The mother is left outside the womb to consider whether she will carry a baby whose future is uncertain

in a body that has not matched up to its task. There is a struggle as the mother reconciles embodied youth with scientific reality.

Perhaps we need, as caregivers and as members of a social community that scrutinizes, supports, and judges mothers (Chesler, 1979; Lerner, 1998; Swigart, 1991; Thurer, 1994) to move away from the tendency to reduce older mothers to their biological parts and limitations. As Parse (1981, 1998) suggests, the reduction of the person invites dissection and judgment, often by experts, rather than consideration of the whole person in vibrant, daily interaction with her values, priorities, and dreams. Sometimes, for the older mother, the dream of the baby or of the child becomes submerged in the text of the experts and in the context created for her, socially. Parse admonishes this approach and instead, invites us to honor the right of the individual, and within the context of the mothers of this study, to choose what is important to the mother as the co-author of her life and health.

Simple measures such as showing concern for the mother herself, her wishes and her needs, as well as for the fetus, conveys a sense of valuing the mother and the decision she has made to bear a child. The relationship that she has with her child needs to be considered as special; these mothers have come to this relationship with great deliberation either prior to the pregnancy or as the pregnancy arrives. The connection between the child and the older mother is not casual and we must gently respect that her embodied age is appropriate to be with child, even if her biological age is limiting in terms of energy or that there may be risks in childbearing. In mentioning the risks, we must not forget to tell the mother that older women bear healthy children, as well.

Summary

For the mothers in the study, the beginning of the project has a unity with the present time of their mothering; deciding and being pregnant come to mothering as parts of a whole experience that are described and projected forward into their mothering experience. For the older mother, the beginnings of mothering are deliberative and thoughtful. The decision to childbear carries with it hopes, losses, achievements, and consideration of whether *there is time* or *space enough* in her life. Quickening involves the stirring of an awareness of the wish to bear life but also awareness of the decline of her body. It is life growing and life waning, all at once, an experience that is highlighted through the scrutiny of science. She is a condition, but she is, first of all, a mother.

In the next chapter, mothering, its meaning and experiences in the early days are discussed as the separateness and unity of the child and of the mother is delivered. Within the separateness of birth and the unity of mothering the child, the angst of knowing life and yet not knowing mothering, and the call of the child are explored.

CHAPTER FIVE

MOTHERING PROJECT: OVERWHELMING EARLY DAYS

In the days and weeks following labor, the mother is transformed from woman to mother (Bergum, 1997) and the tension of separateness and connection is realized in the need for the mother to move beyond her body to the object of her womb. For the mothers in the study, early mothering moves the objects of scientific scrutiny to the outer world and with it, their energy and the realization of what older mothering means.

Breach Labor: The Early Days

For most of the mothers in the study, pregnancy was a time of being scrutinized, diagnosed, and looked after. They were after all, pregnant and older, and their womb and womb-fruits were objects of considerable attention, just as their decision to childbear had been the object of their own serious attention. Stark (1997) suggests that older mothers, such as these may even benefit during labor from the scrutiny that they have experienced during pregnancy, since they are under particular vigilance and are given extraordinary information because of their *condition.* This information and care satisfies the curiosity with which older mothers have generally approached their mothering and decision making to this point. The labor itself offers proof of the goodness of the seed and brings to an end the worry that pregnancy offered for the mothers and their medical caregivers. For Theresa, labor signals a

passage through which she can go but through which she can never return; the transformation to mother has ruptured the membranes of her being.

> *The first time I heard her, it was totally overwhelming. The emotions just went haywire and I think that's when the bloody earth momma went crashing through my brain, rearranging all my hardwiring and my circuitry. I've never really got it back. We don't, do we?*

What though, about the after labor, the birth, the coming home? For several of the mothers in the study, it, too, was simply overwhelming. Bergum (1989) suggests that with the birth of the child comes the birth of the mother, but is the older mother fully birthed with the end of the pregnancy and the conclusion of the labor? Ede, with a doctorate and mature work experiences, says *the first child hits you like a brick.*

> *I expected a lot less work...when I think of babies I think they're just sleepy, sleepy, right?...I was afraid of spending a lot of time alone with him, like a day old, a week old, like oh my God...I didn't know if I was doing the diapers right or you know, if it was too tight...* (Zoe)
>
> *It [motherhood] was a real shock.* (Heather)

Pregnancy prepares the mother for birth, but not for mothering. In Winslow's study (1987), pregnant older women have difficulty visualizing themselves as mothers; the image is vague and includes childcare, but not child caring. Maushart (1999) describes the lack of discussion about the reality of 24 hour caring for and forever as a conspiracy of silence, something about which no one speaks and about which the mother herself is sworn to silence. She further likens it to an initiation, a

free fall into an experience of complete self-sacrifice and all-for-baby, for which the mother is rarely truly prepared. It is all consuming, exhausting, and lonely (McClennan Reece, & Harkless, 1996), for Maushart suggests that the mother is led to believe that she, alone, experiences feelings of self-lost, anger, and a longing for guiltless time, a time in which she will be free from the tension between the push of wanting time for self and the pull of the child.

The splitting of unity that is felt between mother and child inside the womb is complete and yet not complete in the early days of motherhood, because the child is not yet fully an individual and thus, while visibly outside the mother, keeps one foot inside the womb, pulling the mother close. Motherhood is, in a play upon the familiar obstetrical term, a *breach labor*. *Breach*, which comes from the Middle English, *breche*, refers to the action of breaking, or in relational terms, a rupture or separation in relations (*Compact edition of the OED*, 1971). The act of birthing ruptures or separates the child from the physical in-womb space of the mother and places the child in the outer-womb space of mothering, which requires an intense laboring and effort from the mother that continues after birth. Barrett (1990) further suggests that early motherhood is a time of defining a new womb-space that involves the growing of a second skin that encompasses the child while shedding the old self-skin. The growing and shedding of a skin is as tangible as the burning that accompanies the crowning of the baby's head during labor, signifying the stretching and tension within living tissue that is being challenged to move as far as it dare. It is as if the womb-bed is turned inside out, showing its fruit and the raw tissue bed from which the fruit has separated but not completely gone.

When he was really little, I felt like my freedom had been completely taken away…you don't really want to go anywhere without him. (Heather)

Pregnancy prepares the mother for birth, but not for mothering and the turning inside out of the womb-bed. "Nurture shock" (Maushart, 1999, p. 27) describes the sudden demand for complete and inordinate selflessness in the transition to motherhood into which the new mother is tossed, often without the full support of other mothers, who are fearful that confessions of their own disorganization will identify them as poor mothers. In further discussion about the lack of honest dialogue that surrounds early mothering, Maushart suggests that the mother is led to believe that motherhood is a time of great serenity and akin to the paintings that are replete with the gentle colors and lines of the Virgin Birth. The idealized painting of the mother and the children in Leonardo Da Vinci's *Madonna of the Rocks* (c. 1483) glows with lines that flow flawlessly from figure to figure and with soft, bright light that calms and pleases (Hartt, 1975). The mother's sweet face is lovingly tinted and her eyes are appropriately humbled to the gaze of her child. Such images of child and mother have persisted past the Reformation and the Renaissance to remind mothers that early mothering is truly a full and fulfilling realization of femininity (Breen, 1975), albeit a realization that has been shadowed by the interplay between death and sexuality throughout centuries that has been attached to the virgin and mother (Kristeva, 1986). While Da Vinci's painting hints at the darkness that permeates birth and mothering in the dark caves of his painting, there is little hint that the eyes of the mother in his painting may be haggard from lack of sleep or that she may wish to

raise her gaze to that of other mothers, or even to the angel at her left side, in a plea for minutes of guiltless rest.

Despite the anticipation and the careful, deliberate planning that have gone into the decision to bear a child, there is still un-expectedness for the older mothers about the demands of mothering that catches them unawares. Perhaps it is, as Maushart (1999) suggests, that we can prepare for the work and vaguely, for the 24 hour days, but we cannot truly prepare for "the depth and the breadth of the mothering experience" (p. 10). Pregnancy is planned and predictable, with phases that are carefully monitored, especially in the older mother. Mothering is not.

> *I stand outside her door with my ear glued to it, listening. You know, it's like is she okay? You know, is she fussy? Total silence. Okay, she's asleep. Oh, my god. What if she is sick? What if she's dead? Hit me. Hit me. It's like, no, she's sleeping. The rational part of my brain is going would you relax and the howling earth mother is going, oh, my god, what if there is something wrong?* (Theresa)
>
> *I was afraid of spending time alone with him, like a day old, a week old, like oh, my God!...*(Zoe)

As Zoe suggests, there is also an unexpectedness to the time that mothering encompasses in its work and in its duration. Unlike pregnancy, which lasts nine months, mothering is a project that has no specific term or completion date. For the mothers in the study, this realization occurs as the enormity of their life, with a child in it, is contrasted with the freedom and familiarity of their past and ordinary life. The contrast is disconcerting and surprising for these women who have prepared so

carefully and sometimes for so long, but who have not prepared for the *forever* of mothering. Mothering is the reality of becoming a mother, not pregnancy. Mothering occurs when the dream of child transcends to diapers, responsibilities, self-lost, and time forever.

> *I can remember coming home...thinking, you know, this is forever. It didn't really strike me until I entered the door of the house and you think about this when you actually get pregnant but I mean it's sort of like walking into that house and it's forever. But nobody can explain that [forever] to you. I mean, you think about it. For those that aren't pregnant or for those who don't have children, it doesn't actually occur to you until you actually see it. And even then, I don't think the whole realization happens until the day you think, I just gotta go for a coffee. I just want to go. I just want to walk out that door and you realize you can't...You know the demand and there's no real escape, you know, even when they're asleep.* (Elizabeth)

Can we prepare these mothers for the duration and demands of initial mothering, or is it, as Maushart (1999) and Chesler (1979) suggest, that the mothering reality has little meaning until it occurs? Perhaps, we have focused too clearly on the risks of pregnancy and too little on the challenges of early mothering for older mothers. Or perhaps we assume that these mothers, who have been in control of careers and relationships for so long, can easily take control of the business of mothering (Mercer, 1986c). Swigart (1991) suggests that the lack of curiosity about the realities of childrearing, in general, is neither an overconfidence in mothers, older or not, nor an overemphasis on preparation for labor, but rather a lack of curiosity

about the realities of mothering that is born out of fear. We are fearful about acknowledging the conflicting realities of childrearing and of mothering that continuously threaten to awaken in us. The directness and reflectiveness of the older mothers about their feelings and experiences has the potential to engage all of us in a consideration of the knowledge, learning, and support that is required to fully birth the mother. We need, fully, to move beyond pinching thighs in prenatal classes, in efforts to simulate the pain of labor, to discuss the pain of *breach* labor, which is the real work of early mothering. What questions do we need to ask of the older mother, and perhaps of any mother, as we engage in discussion of breach labor? Beyond the questions about how well the baby is feeding and how long it is between feeds, there need to be questions that explore the meaning and feelings associated with this new experience. *What did you do today? What was that like for you?* In the answers, we need to truly listen for the cries of joy, fear, and fatigue that emerge with the mothering experience and to be willing to broaden the dialogue beyond physical birth labor and the growth patterns of infants. As Bergum (1997) suggests, as health care professionals, we are often more concerned with how and with when, than we are with what, which is the heart of meaning.

Baby Lessons: The Slippery Little Eel

The mothers are caught by the responsibility that is tangible in their arms, and wonder about their own competency and capacity in looking after the baby. Rossiter (1988), who conducted a study into the early days of mothering, suggests that these mothers are not alone in feeling diminished in person and capacity by the early

experience of motherhood; the not knowing, chaos and disorganization of caring for the child erodes all sense of personal control.

> *Because you are at your total wits end and if you don't give this baby to somebody...because you just didn't know what to do. I had no idea! I didn't know if I was* doing *the diapers right or you know, if it was too tight...*(Zoe)

The older mothers, however, are surprised that their previous life, work, education experiences have failed to fully explain to them what mothering involves or how to care for a colicky baby, or where they can search for meaningful, supportive explanations. As McClennan Reece and Harkless (1996) suggest, older mothers are dismayed by the lack of control that they experience in early mothering, which is unanticipated. Despite making time and making space, they are unprepared for what confronts them on a daily basis as perhaps the gap widens between what can be planned and controlled and what cannot. There is no time for time and there is even less time to discover what works and what does not.

> *He was crying so I <u>would</u> do the natural thing and go and pick him up and find out what's wrong and of course, he was colicky and so from 6 in the morning until 6 at night, he was awake and screaming. Literally all day! That really wore on me...it was unbearable. It was so stressful.* (Zoe)

They are horrified that they are being allowed to care for a child when other important and perhaps even lesser roles demand significant preparation. Heather speaks about her initial caring experiences with her newly born son.

> *Who would let me take this baby home? I had never changed a diaper since I*

was 10 and then, I remember poking the kid with a pin...and they said, here's your bathing lesson and we had this slippery little eel in the tub and I'm thinking, oh my god, how are we going to do this? ...I got depressed. It wasn't very easy to cope, actually.

For Heather, caring for her young infant seems to engender greater fear than either her labor or her pregnancy. There is a loss of control implied in the image of the young infant slipping away from her and a sense that she is very alone. Who will be there for Heather when the baby slips?

Why, indeed, does the interest in the well-being of the older mother and child end with labor? During pregnancy and labor, there is ongoing attention from caregivers and from friends and family. The grocery store clerk asks the expectant mother if she needs help carrying out her load. The nurse asks *her* how *she* feels. There are special parking spots for *expectant* mothers. There are prenatal classes. There are concerned questions from the women's own mothers whose own experiences are rooted in the lore of family and friendship stories in which death and birth become intermingled, both tinged with fear (Shaw-MacKinnon, 2001).

She [mother] was more worried about my health. She had been very sick during both her pregnancies. And when she found out I was pregnant, she said 'You don't want children'. I said 'You're right. Years ago, when we first talked about it, I told you we don't want children, but as a woman, I reserve the right to change my mind.' 'Fair enough.' The next remark she made was 'You're gonna die' and she phoned frequently to find out how I was. (Ede)

There is perhaps a sense that the interest and preparation for the tasks and responsibilities of mothering should receive the same attention that the tasks and responsibilities of pregnancy and labor receive during prenatal care. Who guides the mother in the day-to-day tasks for which pregnancy and previous career involvements may not have prepared her?

Who, indeed, guides the older mother, whose own mother has died, or whose own mother may be too old or too far away to offer the generational support and help that sometimes is sought by younger mothers, which Winnicott (1988) suggests is readily available? Reading and information offer some help, but the older mothers in the studies recognize that this assistance is limited by its generalities and contradictions. Not all babies and children conform to the expectations laid out in writing for them and books cannot address all the questions that emerge from the experiences of baby and childrearing.

> *And looking back, I am glad that I did read all that stuff. I'm one of those people who think the more information, the better. At the time, I felt that I was swamped with all the information. I felt annoyed that all those people couldn't get their acts together, because many of them were quite contradictory. And then I got just plain selective after awhile, as some make sense and some don't. So you just weed your way through. There's not enough when you're looking at this baby...*(Ede)
>
> *This is the way we're going to do it because this is the way it says to do it, and*

then, after having my first child, I think that the lines, the markings became less clear...it was sort of a realization and an internalization of children are different. (Anne)

Winnicott, a British psychoanalyst, suggests that the orientation to mothering lies imbedded within the mother's own memories of being mothered (1988). He offers that a "knowledge of theory is not at all necessary" (p. 85) to mother since mothers have been able to perform their responsibilities satisfactorily for centuries without full understanding of what is required. Further, it is not necessary to be perfect as a mother since there are nurses, aunts, doctors, and others who can assist when the mother reaches the limits of her knowing and intuition. Information, when available, is useful only in that it allows the mother to defend what she is doing, as a response to the criticism that will be inevitably leveled against her (Swigart, 1991; Thurer, 1994). While Winnicott's assertions are comforting in that they release mothers from the impossible expectations of flawlessness that have permeated times and culture, they might be too little for the older mother, who may well be past the point when intuition about children is easily available or trusted. Without the immediate movement from adolescent or young adult to mother that characterizes mothers in their teens and twenties, the memories that older mothers have of their own childhoods become more distant and less readily brought to conscious awareness than for younger mothers. Further, through careers and education, they have been encouraged to see new experiences as requiring knowledge that is systematically acquired. They are cautious of what needs to be done, albeit perhaps, as Theresa says, *meaner* and less likely to give up when life is not like it should be. Impulsivity

is seen to be the behavior of younger mothers, who are perhaps more intuitive, undiscriminating, and more relaxed about what needs to be done than older mothers.

> *When I'm making the really big decisions, there's a lot of thought and a lot research, a lot of very conscious 'if do this, what will happen? If I choose this, what happens?' I think my younger friends are more intuitive.* (Leona)
>
> *I thought I should do everything at 21...I think, looking back, that's a naïve and gullible age with a third of life's experiences.* (Betty)

Jobs often begin with support, orientation, and training to assume the responsibilities of work. Where is the support and training to begin the work of mothering, other than in the manuals of childrearing? Maushart (1999) suggests that collective silence and a culture of needing to the best mother, prevents mothers from offering new mothers the kind of information and empathy that goes beyond what is written. At work, we may have friends and peers, colleagues who tell us what life is really like on the job because they want to us to be part of the team; there is little team in mothering.

> *And you're sitting there thinking, I was doing a job. I mean it wasn't unimportant but it wasn't the most important job in the world either, and yet they saw fit to give me12 years of education, plus4 years of university, a complete interview, and on-the-job training. Now they're handing me a member of the next generation and they're not doing a damn thing!* (Ede)

Old Enough To Know

For older mothers, the sense of not being competent may be especially disturbing. Some have been successful in careers; all have experienced life and as Ede says, they *are old enough to know* what is right and is wrong, and how to do things right. For some, the experiences that they have gained and the knowledge that they have acquired place even greater pressure on their ability to mother, which may contribute particularly to the feelings of being overwhelmed in the early days of mothering. It is different to know, or to believe, that you should know and to do it wrong than it is to not know and to err. For older mothers, the gap between knowing and doing becomes especially troubling and may contribute to the anxiety, confusion, and sense of isolation that they express. For mothers in the study, there were sometimes few informal networks that were available to reassure and affirm that not knowing was part of the mothering experience, a experience that is consistent with the older mothers in the study by McClennan Reece and Harkless (1996). Sometimes, family and close friends were distant geographically, emotionally, or in age, and hence, not readily available. Sometimes the mother was reluctant to share her concerns, fearful of who will know and who will judge.

> *I can tell her [sister] stuff you know, but I don't really, because there is a lot of age [between us] so I find probably for me, the mothering thing has been very isolated. I didn't have anybody I could phone up and say, what did you do with this? (Elizabeth)*

The angst of the mothers is troubling as the question that emerges is one of who tells the older mother, or indeed any mother, that it is acceptable and appropriate

not to have all the answers? Who should tell the mother that she could be competent as a person and as a mother, even if she has not transferred all her life knowledge to mothering? And, for the older mother, who is available to support and reach into what is not known and assist the older mother to make sense of their experience? Who supports older mothers in acquiring the confidence and skills that they require to feel comfortable in the role of mother? If, as Brown, Lumley, Small, and Astbury (1994) suggest in their study of Australian mothers, within the early post-birth period and two years later, older mothers are more confident when they leave hospital with their newborns (9.6% reported anxiety on leaving hospital as compared with 19.3% under 25 years of age), then do caregivers assume that the older mother requires even less tending than the young mothers? Do caregivers give older mothers permission not to know or is there an assumption that life experiences will indeed compensate for any uncertainty that this *new* life experience brings?

> *I should know more...partly because of my age but I think partly because of my position, my work...dealing mostly with babies and children...wanting to do everything right...you didn't really want to have any problems because you really shouldn't be having any...you're the one who's helping people, so how could you possibly have any problems?* (Anne)
>
> *You've had enough experience and you've learned enough about other people. You've read enough books...to know it's all perfectly possible...and you keep berating yourself because you are not personally doing it.* (Ede)

The experience of not-knowing-enough is shared openly by the mothers in the study, which is perhaps a reflection of their own moral development, or as Theresa

suggests, a reflection of their coming to terms with life and with what life brings to each experience, including motherhood. Their life experience matters, perhaps not so much in what they know about diapers, but in how they express what they do not know and in how they cope with not knowing.

> *Motherhood is motherhood. It all changes us.... By the time you're seasoned, you're aware things change. You know that not all change is good.*
>
> *...When you're young, you can be so easily overwhelmed that you just despair and you give up...It's far more dramatic than older people. We're a bit more stubborn. We've seen the circle of life.* (Theresa)

They are direct. Gilligan (1982) suggests that this comes from an inward reflectiveness of women at a higher level of moral reasoning that recognizes the possibility of exploitation and hurt involving themselves and others, and the role that they have in both. There is, as Bergum (1997) suggests, a moral quickening, an awakening to the reality of otherness and of the child relationship, and what knowledge that otherness requires for "growth, change, and healing" (p. 167).

> *There were certain things I was expecting of myself that I know I did not think of during pregnancy because I...thought of having it – of becoming a mother, but not of the practical realities of how I would deal with situations.* (Betty)

For the older mothers, this awakening encompasses not only what needs to be known, but for some, how little they know. They express outrage at how little they know about caring for *the most important thing in my life* (Leona), perhaps even more so than they might have done as younger mothers. As younger mothers, these women

feel they might have been just as likely not to know about childrearing and mothering, but they would have been less worried about not knowing. The residue of not-knowing is reflected in the story that Ede shares from her mother.

> *She was led to the car by a nurse...the second nurse put me in my mother's lap. My father looked down and said, "Oh my God! What do we do now?" My father was quite right.*

The not-knowing eventually makes a turn as the older mothers find out through reading and experiences what they need to know. Their age has given them many experiences and they are able to survive, again, perhaps even more so because they are able to move beyond the immediacy of their discomfort at not-knowing or losing control, or the absorbing, 24 hours-a day demands of the infant to consider that *now* is part of a larger timepiece. Within this larger conception of time, there is a sense that while the child will ever be present in the sense of one foot in the womb, there will eventually be freedom from the tasks and responsibilities that define early mothering. Freedom again will come.

> *I have definitely given up a piece of who I am for this kid.... But I am assuming that at some point in his life, he's going to turn around and be more interested in what's out there.... When that day comes, I'll have the freedom.* (Heather)
>
> *I've done all the things that I've wanted to do and I know there will be a time in my life when I can do them again, too.* (Leona)

While this motherhood-as-a-larger continuum may be the basis of the optimism and increased maternal satisfaction that has been suggested in other studies

of older mothers and mothering (Meisenhelder & Maguire Meservey, 1987; Ragozin et al., 1982) and is a useful cradle for the older mother, we must also, as Mercer (1986c) suggests, be cognizant that the survival skills and life wisdom of older mothers may exact a high intrapersonal price. The distress, the outrage at not-knowing, feelings of loss of competence, and the unanticipated loss of control in early mothering may come up sharply against the sense that the older mothers have that they are *old enough to know*, which is a call to our moral quickening.

Summary

The chaos and distress of mothers in the early days and the pressure that is added for older mothers in knowing self and life but not knowing mothering is a strident voice that may be diminished in generalized studies of mothering. The call of the older mother is not only that of *I don't know* but of *I want* and *I need to know.* How do we respond, with wisdom, to the calls that emerge from their experiences and to the richness and honesty of their stories to offer these mothers the pragmatic and ongoing support that we offer during their pregnancies, when they are considered medically *at-risk*?

Chapter Six explores the wisdom and the thoughtfulness that characterize the practices of older mothers, as well the awareness of lasting fatigue and mortality that has not been articulated, or that perhaps could not be, highlighted in other studies related to older mothers because of the emphasis on pregnancy and the transition period in mothering. The experience of becoming older is described from the perspective of the playground and from others who judge how youth and age should

be placed together. Playing is explored as mothering practice, which raises the question of whether play should always be considered *child's play.*

CHAPTER SIX

MOTHERING PROJECT: PRACTICES OF THE THINKING HEART

Mothering practice seems an apt term to describe the first journey through mothering. Arising from its obselete Scottish *practice* origins, practice has a rich array of meanings such as *the action of doing something; performance or the habitual doing or carrying on of something;* or *the exercise in any art, handicraft for the purpose of attaining proficiency* (*Compact edition of the OED*, 1971). What better way to describe mothering than a doing, often over and over again, with a deep desire to be proficient, to do well by the child? Mothering is presented, after all, with the ultimate responsibility, the consummate project; the shaping of human life and the shaping of it well. Thurer (1994), for example, describes the cultural and social expectations of mothering as an act that has endless possibilities for error and unbounded possibilities for transforming the child, if genetics, social forces, and adversity are pushed firmly aside. Mothering is perhaps the only human endeavor where in its practice, as Thurer suggests, there is so much to gain and even more to lose. Within the view of society, mothering is the cradle of greatness when mothering goes well and the tomb of the child lost when it does not.

> She hears, upon that water without a sound
> A voice that cries, "The tomb in Palestine
> Is not the porch of spirits lingering
> It is the grave of Jesus, where he lay." (Stevens, 1923/1992, p. 267)

It is this dualism of gain and loss and its subsequent call to cautious, reasoned action that resides so clearly in the mothering practices of older mothers. It is the continuous dialectic of separate and not-separate (Jardine, 1994) and of mother choice and social blame (Lerner, 1998; Maushart, 1999; Thurer, 1994) that are continuously at play for the mother in the transformation and shaping of the child. The tension of the dialectic is a presence that raises mothering to an essential morality in its being (Bergum, 1997) and to an intense awareness in the older mothers of what is at play.

Getting it Right: The Child Space

> *Maybe I should know more, partly because of my age, but also because of my position.... I guess wanting the overall feeling, always wanting to do everything right or wanting to do it the way you read in books.... I guess because in my life this is what I wanted...it was important to do it right.* (Anne)

For Anne and for other mothers in the study, concern with doing well by the child and with getting-it-right is a pervasive theme, even sometimes to the point of desiring perfection. They have invested in life and in the decision to bear a child; mistakes are difficult to accept.

> *I wanted a boy, I wanted him born on a Sunday and I wanted red hair. So I got a boy, he was born on a Sunday, and he has red hair. And to me, that's sort of perfect, you see.... It was the way I wanted it and I don't need to do it again.* (Elizabeth)
>
> *I'd like to know what Osama Bin Laden's mother was like. I really would like to know so that I can avoid any mistakes that she made.* (Theresa)

Regardless of how the child has arrived, the older mothers in the study come to the ongoing project of mothering with deliberativeness in decision-making that is reminiscent of their initial decision making around getting pregnant. As Anne suggests, the experience of mothering and of the child has been sought and desired, and so, there is great importance to doing it right. Leona agrees.

> *I chose to have him.... I am doing it my way.... I have to make the right choice, or oh, my god!*

What does getting-it-right mean and making the right choices mean for the older mother? For the very young mother, raising a child is like growing and changing together with the child. As teen mothers move through the phases of child development, they seek simultaneously to define themselves intellectually, emotionally, and socially (Bergum, 1997; Leppert, 1984) and they are concerned primarily with planning their own lives (Yoos, 1987). Their mothering is one of potential, theirs and their children's, and they fit their children in with their own development.

> *I think they're [young mothers] are too self-involved still.... They just don't want to deal with little Johnny's chicken pox or you know, they would rather go and do something else. You know, they would rather go shopping with their friends. They are still very self-involved and I think when you're older, you're no longer that egocentric and because of that, you're able take the opportunities your children present to you where you learn....*
>
> *I see it with my friends, very much so. They are very involved in who they*

are and what they need and be damned with their child at some point.

(Leona)

The child becomes an essential component of the young mother's becoming, of reaching potential, as the child provides the experience that allows the mother to move away from the chaos and confusion that sometimes come with teenage years (Bergum, 1997; SmithBattle, 1994). For the older mother, potential has become achievement in a variety of domains, including relationships, career, education, and life, in general. As Betty suggests, there is significant growth to share with children rather than growth to gain in growing with the children.

As a late mom, I was much more in tune with who I was...I think I was much more in tune with what I valued and what I didn't value and I was much more respectful of other people. I was much more reflective of where I had been and where I wanted to go. I don't think as a young mom, at 21, I would have had that ability. I would never have lived by myself really and developed some of my life skills There's no way at 21 or 22, I could have brought my richness to my children.

Becoming, for the older mother, is no longer linked as strongly to social, intellectual, and economic success, for these have often already been achieved and considered in the older mother's decision to childbear. As Winslow (1987) and Gottesman (1992) indicate, these mothers have included personal achievement in their consideration of whether they are ready for children.

I know myself a whole lot better than I used to and so, you know, don't sweat the small stuff. It's much easier than when I was younger, but

when I was younger, it was go, go, go. I mean, that's how you get the job done, right? That's how you move up in the organization. It's man, you go...I don't do it much anymore cause I don't really care about it as much anymore. (Heather)

She [younger friend] is very resentful of her daughter. I mean her daughter basically raising herself.... The child has a lot to offer but her mom doesn't see it because her mom is too busy thinking if I didn't have her, I could be doing this, I could be traveling. I could be doing what I want to do. I could be working.... (Leona)

Life experience means being able to relinquish interests that once served the self and enabled the mother to form and consolidate her own relationships and identity in early adulthood (Vaillant, 1977). There is willingness in the older mother to move away from caring for *self* to caring for *others*. For Irene, the relinquishing of previous interests that met her need for friendships and other relationships to care for her son is important to her becoming as an older mother. She is firm that she is no longer searching for life and her identity and that she is able to move forward with clarity as to what she wants from life and mothering. She is able to give and not lose the self that she has found.

I think I see things a little more clearer than a younger mother would because of my life experiences.... I think that when I was younger, I'd much prefer to go out on a Friday night and do the things with my girlfriends like, you know going to the social functions and all that. That was a really big thing for me at the beginning.... I think that's probably important for a lot of young people

for being able to do that and then being tied down with a child, I don't know. And for me, I don't need that anymore.

For Heather, the relinquishing of previous self-interests means being able to move aside from her issues and her involvement in them to consider the needs of her child. She knows what belongs with her as a person and what does not; and she links this awareness to her mothering. The growth, that was hers is separated from the growth that needs to be that of her son and is reflected in the perspective that she is able to bring to her mothering decisions. For her, being older means that she is fairer as a mother because she is not confusing what she needs to do for herself with what she needs to do for her son.

I have a way fairer sense of who I am as a human being than I did when I was in my twenties. So it's again..it comes down to knowing, being able, looking at a situation and going okay, is this my garbage coming up here or is it, you know, hoarding stuff out, hoarding lots of stuff that people would react to or that I react to emotionally? Being able to stand back and go okay, you know, this is a situation where this kid is out and lying and needs guidance. Or this just me reacting to something that happened to me when I was a kid? It comes back to fairness. I think I'm a lot fairer with him than I would have been. My own garbage doesn't get in the way as often.

Becoming takes on, for the older mother, a different meaning. Erikson, the well-known developmental psychologist, suggests that middle-age maturity or near middle age maturity brings with it a need to re-invest in the good of society and a subsequent concern with family, community, and society (1963). Levinson (1986)

suggests that this re-investment is accompanied by a need, for some, to break out of existing careers and relationships, as happened for some of the mothers in the study. For Gilligan (1982), the achievement of maturity and identity in women is clearly a movement towards caring for others and recognition, with advancing maturity, that the self is a separate but interdependent being. For the mothers in the study, the movement to mothering is in itself an achievement and the child is considered tangible evidence of a significant and unique relationship in which there is a sense they consider themselves and their children the lone participants.

> *The best achievement is to raise Thomas and I am still working on that one.* (Leona)
>
> *That's why, too, it becomes more a type of anxiety over life itself...because she is my own responsibility and the only total responsibility that I have.* (Anne)
>
> *There was a relationship I have with someone that is just uniquely mine, that mother-daughter relationship, and it's something through all her years that she and I have, that I've consciously worked on. I'm not sure she's consciously worked on it but the benefits of my working on that relationship and seeing it develop over the years and how she'll come at hug time or put her head on my shoulder...it's just so unique and special. There may be thousands and millions of daughters out there, but what I have with that child...is mine.* (Betty)
>
> *This, this little angel-monstrosity from hell has become the focal point*

in my life, superceding everyone and everything else.... And it's weird because there's that other part of the brain going it took two of you to make her. Yeah, but I'm the one that had her. (Theresa)

For the mothers in the study, there is a keen sense of moment, despite their ability to place time within a whole continuum. Time is expressed as a fragile suspension of experience in which, similar to multiple photographs that catch each angle of an interaction, the relationship with the child becomes highlighted and preserved. Levinson (1986) suggests that the willingness to be completely immersed in the moment is the process of becoming older and recognizing that life is not infinite; moments in life will not linger into perpetuity. This realization, for the older mother, is sometimes even more acute if she has experienced loss through the death of a baby or child and has found life to be temporal and fleeting, like catching the reflections of water in her hand.

I sort of overreact to little injuries when little things happen. I recall one time and we were at a park...and she's kind of going behind and all of a sudden takes these flips and lays on the ground. I immediately thought that she had broken her back and I was just hysterical, absolutely hysterical. Because it's like, this life is absolutely precious and I, you know, you just can't imagine having that when you've lost one already.... The fragile nature of life, it's just sort of magnified. (Anne)

Anne also suggests that the temporality and finiteness of life means that there may be little time to practice mothering for the older mother; there may be only one opportunity to raise the good child.

Maybe too, I realize time isn't there. I don't have more time to practice again or maybe five years from now, I'll have another one and get it right or do it in a different way...

For Leona, opportunities do not always come again or often; there is a need to magnify and celebrate each moment of meaning in interactions with her son.

I'm a really cool mom because I'm willing to do cool stuff with him...I like to provide the opportunity that's there. And maybe, it's the realization that those sometimes those opportunities don't happen very often. (Leona)

For the older mothers, this realization of not-enough-time comes to mean careful and deliberative decision-making about what to do with their children; how to get it right. There is no immortality in older mothering.

As a teenager, I was a whole lot more relaxed. Not a whole lot bothered me....Now, I've got things to do. There's no time to waste. And you know, at a younger age, well, I had all kinds of time to waste and it just didn't matter. (Zoe)

Goals for the child are carefully and specifically articulated for the child; like John-the-Baptist, these children are seen to be portents of great things, whether simply as human beings in relationship with others or as achievers socially, educationally, and economically and there need to be deliberate choices about how to reach beyond the present to the promise of the child's future. The desired behaviors of the child are circumspectly molded through the even more careful behavior of the mother. Activities and interactions are mindfully selected because of how they will bring about the outcomes and goals that have been chosen for the child. It is as if

there is a forward thought for the older mother that resides in each moment of opportunity with the child.

> *Just made the conscious decision to be out and active with the kids.... Some moms were home for a very good reason, the kids don't take well to that kind of treatment. I've seen parents in art galleries with screaming children. Mine don't.... When they're older, you're making a conscious effort to make sure they get to places and do things.* (Ede)
>
> *It's learning how to function as individuals...so I need to put them in positions where they can learn those skills but I need to be there as a back up, a resource for them.... Consciously, even from a young age...I have put them in situations where if they were to have to make a phone call, they have to make it. Now I will be in the same room with them, I will role-play with them....* (Betty)
>
> *...by the time my daughter is 5, she's starting martial arts. She's also starting dance lessons! .... We figure by the time she's 20 and probably wearing leathers and riding her own Harley, she'll stand a fair chance of dealing with whatever life throws her way.... I want her to physically protect herself. I 'm going to train her to adjust to the idea that it's not very likely she can pick one career and stick with it...you know this is what you want to study.... You know I want a kid that's going to have a sense of humor and streets smart and savvy. And I want her to be a good friend and a bad enemy and I want her to know the difference.* (Theresa)
>
> *I had no problem coming up with what I wanted to see for Thomas in 5*

years and 10 years.... Making a life plan. (Leona)

Perhaps, as some of the mothers suggest, this planning for the future is a composite of the values and experiences that they themselves have accumulated over the years. For Theresa, there is an ongoing presence of the abuse and loss that she has suffered in her life and a determination that her daughter will not be a sufferer. She will choose a path for her daughter and shape her daughter's future in a tapestry that is woven from her own life. For Betty, there is a sense that she values the independence and everyday competence that is part of who she has become and that she wishes to weave those characteristics into her daughters by showing them purposively how she would handle situations. For Leona, there is an awareness that she has had to struggle to achieve success in her life and to bring about recognition for what Thomas needs to be successful as a disabled child; she is mindful that achievement comes with effort and planning. Ede consciously decides to journey with her children through a connection with the world and its culture. With Betty, with Ede, and with others in the study, the word *conscious* comes through easily in their conversations and is reflective of the overall thoughtfulness of these older mothers. The Latin roots of conscious are an apt reference for how the life journey of older mother is reflected in the life-world with their children. The mothering presence of the older mother is that of *a knowing in oneself,* which enables her to bring to her childrearing decisions a careful consideration of the options that she has discovered through by *knowing something with others* (*Compact edition of the OED*, 1971). Hers is a thinking mothering that draws on knowledge gained from the cumulative wisdom of her own knowing, her own work, her own education, books,

and what she has gained in relationships with others. The experience gained through the journey in womanhood and in life has shown these mothers what is good and what is not and so, a view of what needs to be done may be clearer than for women whose life journey is beginning.

Zoe knows about being the mom of a teenager because she was once a teenager and she says that *I know where my mom went wrong with me.* She has learned from her mother's mistakes and she has carefully observed her sister's success in raising her children. Zoe is a keen learner; her second child rarely had a soother because her son, her first-born, had a soother in *every picture I have. I didn't want that again.* She has decided, with her husband, that boredom is a primary problem with troubled teenagers and that it is important to keep them interested and stimulated. She plans to keep her children active and involved with family activities such as camping, even though she acknowledges, laughing, that this strategy will only work for as long as her children are not embarrassed to be with them. Nonetheless, for now, she will get in a *lot of* camping so that perhaps it will keep going through the teenage years as something that is sufficiently captivating to keep her children out of trouble. Her way is clear; she has learned and she is firm about what it will take to *get it right*, but how will Zoe, or indeed, how does any mother cope if it is not *right*? Without a life plan, it is perhaps easier to flow into the lines in the journey that are unanticipated; for these mothers, the unanticipated may be troubling, as they are also aware of what saps the strength of families and their communities. How can we tell them that it is appropriate to mourn lost dreams and how do we support them meaningfully in the realization that mothering does not always have *right* outcomes?

How do we help them to move beyond the condemnation that Swigart (1991) says is readily available to any mother? Perhaps, as caregivers, our responsibilities end too soon; the prenatal and infant parenting classes provide an early foundation for mothering, but the pain and successes of mothering do not end with diapers. Mothering is an ongoing celebration and collision with testosterone, menarche, and the first report card; who is there to support and teach when *it is not right?*

The questions that stir our consciousness around the childrearing practices of the older mother are important to her health and that of her child, who may experience the pressure, also, to do it right. Mitchell (1992), in reflecting on Parse's living-health theory, suggests that health is a "process of living what is important in daily life according to …each individual's…meanings, hopes, and dreams" (p. 104). Inasmuch as the older mother has invested many hopes and goals in rearing her child, we need to be sensitive to how the success of the child, however the mother defines it, affects the older mother's health. We need to see, with deep compassion, the relationship between lost mother dreams and the overall quality of life for the mother; indeed, we need to be concerned for any mother who invests heavily in her child.

The Lasting Fatigue

A variety of studies on mothering have suggested that tiredness and fatigue are commonplace in the early days of mothering. They are variously attributed to the physical reverberations of pregnancy and labor, the interruptions in normal sleep and meal patterns, depression, and the changes in lifestyle and the demands that come along with the movement into mothering (Berryman & Windridge, 1995; Brown et al., 1994; Lerner, 1998; McClennan Reece and Harkless, 1996; Maushart, 1999;

Mercer, 1981, 1986a). The older mothers in the McClennan Reece and Harkless study expressed overwhelming fatigue, while the older mothers in the Berryman and Windridge study were more likely to experience extreme tiredness (61% of the older mothers in the study reported profound tiredness 12 to 15 months after the birth of their babies).

For the mothers in this study, the experience of fatigue has begun even before pregnancy, when they are asked even while making space for a child, if they have will have enough energy because of their age. *Why would you have a child now?* (Leona) There is a social perception that brings the contrast of young and old as one of energy and lassitude and that is communicated to older women thinking about the possibility of child and mothering. Vigor is assumed to be the heady stuff of youth and of children, in particular; it is not equated with older or maturity or with the energy that having a young child is assumed to require. Elizabeth for example, says she would *"have had more energy"* as a younger mother. Ede says that *the energy and patience required don't belong to an older person who is quite stuck in the way she likes to live.* Mothering is a *young person's job.* Zoe suggests that when she was younger, the energy would have been there, which for her, might have meant the will to do things with her children that she might not have really liked...*the energy is there and the will to do it.*

The social concern about the gap between the young child and the old mother in terms of energy is perhaps a tacit acknowledgement of the work that mothering entails. It is, however, a limited acknowledgement in the sense that the concern is focused on infancy and early childhood and the needs of the child. Studies of

mothering reflect and perpetuate a similar acknowledgement. The Berryman and Windridge (1995) study discusses levels of mother fatigue in the first year after birth; the McClennan Reece and Harkless (1996) study explores tiredness in mothers in the early postnatal period.

For the mothers in this study, the tiredness that comes with early mothering is a persistent experience, well into their later mothering and may be distinguished from the fatigue experienced by younger mothers in terms of its persistence. The fatigue comes with changes in body rhythms and with ways of managing each day. There is longer recovery from experiences that stretch physical and emotional energies and a sense that conservation rather than expenditure of energy may be common to the experience of the older mother.

> *....I felt that I had missed sometimes my ability to for example to stay up at night and get things done. I often like to think that once the kids are in bed, I'll deal with this or I'll deal with that. And at one point, I could sit up till one in the morning and deal with something. And now, once the kids are in bed, I feel that's where I should be, too.* (Ede)
>
> *Doing the night thing gets harder. ...if he has wakeful nights, I don't recover as easily as before.* (Elizabeth)
>
> *Oh, I come home, I'm so bagged. I go lay down.* (Zoe)

Tiredness itself is expressed as a deep weariness in which time and experience are slowed, sometimes painfully.

> *Yeah [I wish I was younger] usually at about 6 o'clock in the morning when she wakes up full tilt going 'Mommy, time to get up'.*

And I'm going 'oh god, no. I don't have the energy for this. I just don't'. Or I come home at the end of the day and she wants to play.... All mommy wants to do is to curl up in a corner and veg for an hour. .... Mommy's really tired. 'You sore, Mommy?' 'Yes, Mommy's got owies. Yes, owies. No, no, no, don't do that to Mommy. That hurts.' (Theresa)

For Theresa, the tiredness brings with it a desire to hold her daughter, enclosed quietly on her lap, a return to an earlier time when her womb fruit lay sheltered within rather than challenging the body in which the womb is sheltered. The pull of the child outside the womb is a powerful energy that is sometimes overwhelming and is, in itself, exhausting. Elizabeth is caught by the isolation and fatigue that the continuous presence with her son brings and by the need to take time to be by herself, when she can do one task at a time or focus on her own needs. Fatigue and frustration meet together in the isolation. Time is long.

And so, I find the days were long, looking back. It was just that I didn't have the opportunity to go to the mall. Like he and I were together all the time.... It's not even that they're bad or anything, it's just that you get a build-up of frustration, cause they're always there. (Elizabeth)

The older mother, faced with the limits of her own energy, moves toward choices in play with her child and in other places in life. For Elizabeth, the experience of the first child and choosing has meant not having a second child. She is certain that she would not have the energy for a second child. She cannot accommodate the possibility of wakefulness in a second child.

Devin went through another period of wakefulness. Usually, he was up two to three times a night. He only slept through the night when he was 4 years of age.... This time, he was up five to six times a night.... And, I thought, if I have another one and they were colicky or had a different temperament, I would not survive it well.

Ede has made the decision not to work because she does not have the energy to combine both well. She would not *have the energy to combine things.* She would not have been able to cope with giving all to her work and giving all to her children; she would have been *maybe more irritable because I would know I still had something hanging over my head.* For some of the mothers in the study, the lasting fatigue has meant choices. For some, choices in work and lifestyle have been possible, but what of those, such as Theresa, who cannot choose? The isolation that also sometimes comes with older mothering is troubling; who can help, who can provide time for the mother to recover her energy, especially if the help of family and friends is not easily available? In hospitals, there are caregivers for both the mother and the child, but at home, there is sometimes only a caregiver for the child. Ede, in the story of her mother's coming home alludes to the irony of what is expected of mothers. It takes two caregivers to perform what is routinely expected of mothers; one to care for the child and one to care for the mother.

So there was a nurse holding on to me as a baby, and another nurse helping my mother into the car, and the second nurse put me in my mother's lap.

What can we do to help, as caregivers and caring mothers, and what are the consequences if we do not? Hewlett (2002) suggests that the feminist movements

have done much to equalize rights for women in divorce and custody issues and to bring about better conditions for women who need to return to work after childbirth. Perhaps this same consideration needs to be turned to the ordinary, everyday world of mothers in general, and of older mothers, in particular. Beyond the walls of hospitals and birthing rooms, the cushions of prenatal classes, the camaraderie of parenting classes, and the friendly, professional interest in well-baby clinics, there needs to be a wider network of benefits and services, not only for the working mother, but for all mothers that perhaps brings respite into the home for a few hours and that allows the mother to rest, knowing that someone is nearby if the baby or child awakens. The investment in ameliorating the isolation which Hewlett attributes to the older, professional mother and in bringing information and support to these mothers may be, at times, what assists them to use the courage and insight that they already have in caring for their children, rather than to give way to the fatigue, frustration, and loneliness that they may find lurking in their experience.

> *You know I'm old enough to know that most people are able to rein in anger or calm down...not let their impatience take the upper hand....I did find myself in anger management class once. There were equal numbers of us who had children late and who had children early and who found our children were driving us to distraction and we did not want to be angry with our children.* (Ede)
>
> *I remember one day being in her room thinking you're going to hit her and then thinking, no you're not! What's wrong? You're not going to hit her.* (Betty)

.... I just lost it. Unfortunately on him. One night. (Elizabeth)

There have been times when I have lost my temper with Hannah already. She'd love to try my patience, you see. My god, she never stops. I know she's going to grow out of this and learn how to channel it, but right now, tired and stressed and it's sometimes just too much and I'll blow up at her and I'll yell...And yes, corporal punishment.... (Theresa)

The fatigue is lasting for the older mother and perhaps, as Theresa suggests, it is the collision between menopause and childrearing or as Ede comments, the meeting of adolescence and menopause.

There is part of my brain that is still sane and rational and logical and does function despite menopause and memory gaps.... My emotions went through so many changes so rapidly, so fast.... I mean when you're pregnant, you get emotional. When you're menopausal, you're emotional. (Theresa)

I'm... worried about going through menopause just as she is going through puberty. I would like my disasters one at a time. (Ede)

Regardless of its origins or family, the fatigue of the older mother is lasting and it is on her mind as she goes about the everyday project of mothering. The physical and emotional capacity of the older mother is challenged by the activity and needs of her child and she is faced with choices in how she lives her life, and in how she works, and in how she plays.

'Hannah, go to sleep. Hannah, go to sleep. Mommy's tired. She's got to work in the morning.' And she'll start stroking my hair. 'Okay, Mommy.' (Theresa)

Playing is Hard

Although largely absent from exploration or discussion in studies on mothering, play is part of the richness of the interactions of mothers with their children. It is common to what we do with our children, either spontaneously or through planned activities. Mothers play "this little piggy" with their toddlers' toes and touch noses and cheeks with their babies. As their children age, mothers read and play board games and soccer with them and mothers are invited to tea parties and to other celebrations of imagination. Eventually, of course, they are invited less often to imaginative and other play encounters as their children learn to play independently. Play is spontaneous, enjoyable, and energetic (*Compact edition of the OED*, 1971), and although its chief purpose is amusement, not learning, children do learn through play (Bruner, 1972). Play is, for mothers in the study, part of their conversation about mothering. Play is about mothering.

Play is just something I <u>need</u> to do, not something I <u>want</u> to do. (Zoe)

Through play, children engage in imagination and creativity, develop thinking and language, learn rules of their culture, discover how to get along with others, enhance their early development, and attain physical skills (Bruner, 1972; Elardo, Bradley, & Caldwell, 1975; Fisher, 1992). Play is, for some experts, one of the two most powerful factors in the cognitive development of infants and pre-schoolers (Elardo et al.); the second is the mother's involvement with the child. Through involvement with their children in play, fathers have opportunities to express values and affection; model behavior and language; and, perhaps extend the complexity of their children's play (Huttenlocher, Haight, Bryk, Seltzer, & Lyons, 1991; Sutton-

Smith, 1974). For some mothers, play and other activities with their children may simply be a way of having fun and enjoying the experience of their children.

And I see my sister-in-law, she could play for hours. And she's 27. (Zoe)

For the older mothers in the study, the spontaneous, imaginative, physical play of early childhood, in particular, is often challenging and a must do, rather than a wanting to do. Zoe explains that her brain is not close enough to that of a young child; it is difficult to get inside the thinking of her child and to pattern her play after her child. Perhaps the experiences as a adult have placed too much distance between her play as a child and the play of her children and perhaps serious recognition of what else needs to be done, such as homework and supper makes life sufficiently complex that play becomes a competing part of so many other mothering responsibilities. Play sometimes is wound into the other responsibilities as she and daughter learn to find fun in sorting socks. For Zoe, how she plays or has fun with her children is a difference between how she is now, as an older mother, and how she might have been like at a younger age.

If I were a younger mom, I'd definitely be more on a child level of thinking... You see I'm not at the same mental level either. Like play is really hard for me. I don't know how to put it. I can't just get on that same level of intelligence thing and play 'I Spy with My Little Eye', you know. We play like that for like five minutes and then, 'well, let's get on to something else'. I think it might be my age, too, because I'm just not, you know, into playing!

The discomfort that Zoe feels with play shows itself in how she chooses to play with her children. Computer games, video games, and rolling the ball back and

forth are easy choices and so is pushing the swing or watching her children while they play on the slides, but she says, laughing, she feels more comfortable being the goalie in a hockey game than playing other positions because *I don't like running around.* She says, too, that she enjoys flying kites only because she likes getting the kite up and flying and then, her children *run* with it. It is difficult for her to feel comfortable in more physical kinds of play, such as going down slides, because she simply does not fit. She is relieved when her children no longer expect her to climb and do other more active work in their play; they can be more independent than they were when they were younger and no longer depend on her to be there with them.

> *They're in there, just on the playground equipment, and I just think to myself, I'm glad that's over with me, you know, because I don't have to do that anymore. Go play!*

Betty experiences the same relief as Zoe when her children finish their swimming lessons and she at last able just to watch and not have to *do* playing. Perhaps because of preference and perhaps because of fatigue or lifestyle choices, she says that she has not engaged in a wide range of physical play with her children. Physical interaction has been hugs and cuddling, but not throwing balls or other forms of active, athletic play.

> *We didn't do a lot of baseball with our kids...the active sports? We did a heck of lot of swing pushing, a lot of playground on the seesaws and the teeter-totters...and the ...park and the zoo but we didn't do a lot of active sports and that was one of my criteria for being an old mom...I think part of it is that my husband and I did not like sports...I was very good at swimming from the time*

they were six months old, and we had swimming lessons, and I rejoiced the day I didn't have to go in the pool with them. (Betty)

For the older mothers, there is a sense play means *going to* the child's world and co-inhabiting the experience of imagination, fleeting attention, and the rough and tumble of experimentation with body boundaries and position. Perhaps there is greater comfort in bringing the child *to* a more adult and higher cognitive type of play, such as discussion and conversation or other activities that the mother enjoys, which may be important to the acquisition of language (Huttenlocher et al., 1991).

Both of my children have great senses of humor and great senses of adventure, and it's those moments – I mean, we do neat things and they come along and do them with us. We backpack and we cross country ski and we love to go to art galleries and museums. (Ede)

The United States Department of Health and Human Services (2002) report on parenting practices, suggests that mothers in the 25 to 44 year-old age group spend less time in reading, games, and sports than mothers in the 18 to 24 age group, but that the mothers in the older age group are much more likely to spend time in conversation with their children, a finding that is consistent with the experiences of the older mothers in this study, who talk about the meaning of child and mother conversation for them. Ede enjoys backpacking with her children but especially enjoys galleries and museums, where she has learned lessons about how children see their world. Dialogue has changed for her and her children and has brought with it a new perspective on seeing art, for her. Although the child's view was not a natural

way to look at paintings, she has learned how to adapt her views to those of her children.

> *It was totally different. To stand in front of a modern art painting when you're by yourself and to stand in front of a modern art painting with a child staring at it as well, you are aware of a whole other way of looking at things. At first, I was telling my children what to look at and what to look for in many of the things when we took them out. Later on, I had to learn to shut up and listen to them describing what they saw.*

The dialogue with their children has been an important progression in the relationship of the older mothers with their children. It allows them to understand better the worlds and the minds of their children, which has increased the pleasure that they are able to feel in play and in interactions. Dialogue allows the older mother to enter the mind of child but also allows the child to enter the world of the older mother, a circumstance the United States Department of Human and Health Services (2002) reports as an important predictor of academic success for the child. This dialogue is important for the older mother to make sense of her child's world and of what emerges from it. She is able to make a strong connection between the cognitive progression of her child and the cognitive maturity of her own thinking heart.

> *We just came from a week of traveling and it could be because we are all really verbal people in our families, but since he's started talking, it's like a pleasure to be around him because he is so interesting. Like you know, trying to figure out where he is coming from and where he is at developmentally and*

cognitively. What is he capable of handling? Morally, what is he capable of handling...? I often think about what he's going to be like when he leaves.... (Heather)

I really think that they see me as a good mom.... The older child says she sees her family as being more supportive and more close than some of her school friends.... It really showed me some of the things I am doing do get through with these kids. (Betty)

For the older mother, conversation is an important way of communicating values and ideas to her child and for them, together, to discover what is lost, what is found, and what needs to be known. It is a way for the older mother to find the child. Leona tells a story in which her son, who is disabled, was lost and how through conversation, they together found a way to bring meaning out of her son's disappearance for him and for her.

I was searching high and low over this place...we were everywhere. And when I found him, he was right where he disappeared. And when I asked where he was, he said 'I don't know'. And I said, 'I was worried'. And Thomas looked at me and said, 'I wasn't lost'.

Finding the child through conversation sometimes means becoming less reliant on reading and other sources of information for the mother. She no longer has to guess when things are wrong or what the child needs. Discovery becomes a guided process between the mother and the child.

To be honest, I did read more when he was little. I don't read so much now and I think it's because he can actually tell me.... He's a pretty verbal child.

He expresses himself when things are wrong. He says it to me and he expresses it to me. (Elizabeth)

Dialogue is critical to interaction between the older mother and the child, so much so, some mothers have chosen to stay at home. For them, there is immediacy in the dialogue; what happens cannot wait. Elizabeth has chosen not to work while Devin is young and is predominantly at home because what happens in words between them perhaps cannot be saved until there is time. Although Elizabeth has chosen to place Devin in a preschool cooperative so that he can learn to play with others and thus soften the singleness of being an only child, she values the play of ideas that is shared between them.

And children, when they want to say something, they want to say it now. Two hours from now, they have forgotten. Ask them what they've done in school, they've forgotten.

Irene has also chosen to stay at home to mother her child. For her, play means taking her son to hockey and baseball, and being an audience for each moment of his play and of his becoming a person. She dreams already of what his play might mean.

I didn't want anybody else raising my child.... I am sitting here everyday with him and I see something new. I would hate to miss all that. He's becoming a a real person now. ...when you see him growing up and all these little experiences like he hammers on the piano...he's always playing the piano and now he's got air guitar. I want to be there when he's doing all this sort of thing. I do want to go to hockey now...I'm going to be there when he plays hockey and baseball.

The experience of observer and audience comes often up in the conversation of the older mothers. Betty enjoys watching her children swim and Zoe enjoys watching her children play in the park. Heather is teaching her son to become an active appreciative observer by taking him to interesting and unfamiliar places. Perhaps being an observer and an audience to her child's play is the gift of the older mother, whose tiredness or lack of comfort with child's play redefines how she will play. As an audience, she is devoted and appreciative, lending support to her child and an environment in which the child is invited to the play of the adult and to discover the richness of discourse.

> *We wouldn't go to the park for a very long time because it was just too much you know. I was done in like half an hour.... As I felt they were safe to go on there alone, it extended to longer periods of time because it was now and then I would push them on the swing or the tire.... I didn't feel guilty then because they were having fun and that was the main thing.... I can sit and watch all day.* (Zoe)

Are You the Grandma?

For some of the older mothers, the first time that they encounter themselves as older is through the impartial view of obstetrical practice. Through obstetrical practice, they encounter the objective doubting and scientific skepticism that envelops the aging womb and their embodied, subjective age is challenged. They are, obstetrically and medically out-of-step although subjectively in-step with their age. For others, the experience of being older occurs when they encounter kindergarten and the playground, where they encounter other mothers and other children. With the

infant and the toddler, the mother can remain inside her mothering relationship, inviting in the relationships that have begun before birth (Bergum, 1997) and selecting others that fit within the relationship with her child. With kindergarten, a wider relationship is inevitable, and the community becomes part of her mothering relationship. How will the community judge the older mother? How will the older mother measure up? For Betty, the experience of aging publicly as a mother is *horrifying*.

> *I knew there was a place when I was a lot older than a lot of the people I see on the streets but where I became an old mom, it was on the school playground...when I got on the school playground and saw those moms in those...what I called young moms, they looked18, 19, early twenties, I felt old....that was the first child. With the second child, I was an old mom so there was no major impact on my emotional well being.*

Betty is distressed by the energy of the younger mothers and begins to question if her acceptance of not being able to be as active with her children makes her a good mother. Should she be more involved with her children? She is worried by the contrast between the younger mothers and herself: *What can they do as a mother that she cannot?* Youth has come in front of her, holding a child by the hand. Youth and youthfulness are playground and school companions in mothering.

The guilt that is embedded in the mothering experience (Thurer, 1991) comes creeping out with the experience of the realization of aging. The womb in which the mothering relationship has been nurtured begins to wither, and with it, perhaps

embodied age, shaken by its social and physical vulnerabilities. Aging begins to be part of the mothering relationship, especially at school and on the playground, where the older mother is confronted fully by the realization that mothers are often younger.

> *I don't think of myself as an older mom in my mind, only in my age. You know, I'm 44 and there's these young women bringing their kids to kindergarten and I'm old...that's when I feel like an older mom.* (Zoe)
>
> *I know I look at the parents of his classmates and I definitely feel older than the rest of them.* (Leona)
>
> *I look at myself even 5 years ago, with my stepdaughter in kindergarten. I felt a lot better. I felt more in tune...more like everybody. Just seeing the odd mother that you know is older, I don't know what feelings I would have had except...I wonder why she did that or I wonder why she would have a child so late....* (Anne)

For Anne, the experience of being different or *out of tune* does not change how she feels about herself in an embodied sense. *I'm living the same as everybody else*, but she is aware that at thirty, she too, would have wondered about the older mother and the younger child. Her fear of being *out of tune* is a turn to the sense of discord that being different from others brings. There is perhaps worry that mothers who have children of a similar age will not involve her in the business of kindergarten.

> *It might be harder to get involved in the parent things.*

Zoe worries too, about whether means being older as mother will mean that other mothers will not be willing to *relate* to her, to share their stories. There are

differences in the way that younger mothers relate to older mothers. There are barriers between older and younger mothers, the walls that come so easily between mothers, perhaps because of the continuous fear or concern with being wrong or doing wrong or knowing less or more about mothering (Maushart, 1999; Swigart, 1991; Thurer, 1994). There is perhaps, for the older mother, the added censure for being *out of tune, out of step,* or too old to get it right.

> *I'm going to get it when she goes to school. I'm going to be looking at all those pubescent bimbos, going 'there's my little girl...and I'm going to say ah, shut up. You don't know squat about life yet'.* (Theresa)

Zoe notices that there are other older mothers; she is relieved that they look older than she feels. Perhaps this means that her age is camouflaged and the young mothers will not realize that she, too, is older. Age is relatively defined within her social context. She relaxes. There is respite from aging, at least within this experience.

For some older mothers, the encounter with aging in the medical community that they had with pregnancy comes again with their interactions in the community-at-large. It is here that they are confronted with assumptions that others have about young children and older women.

> *I was shopping last Christmas in the mall with... my baby and this guy in the store in the mall.... He insulted me. He better not even look at me again. He came up to me and said 'oh, you're with your mommy and your grandma? I just looked at him and said 'this is my babysitter. She's my daughter'. And he's like, 'I didn't offend you, did I?' 'Yes, as a matter of fact, you did.' I said, 'look buddy; I mean there's not many gray hair there yet, okay? I mean,*

I'm cute, cute. We're not talking millennial sag. I am not a wide glide.' (Theresa)

Often people think we're grandparents....We had some little guy ask us last year 'Is that your grandparents?'...It happens more to my husband because he's got quite gray. (Heather)

The pairing of old and young brings with it a social assumption of child and grandmother and with it, a vision of what grandmothers look like and what they can do. The assumptions that are made about how grandmothers look worry Irene since she uses a walker and she does not want to be seen as a grandmother. Grandmothers are gray and slow and need help, and they are closer to death than to birth. They have grandchildren but not children and socially, they are an acceptable form of child and older adult. They are not older mothers who live daily with youth.

For older mothers in the study, the gap in age-as-experienced and age as seen by others in the community beyond medicine and their child relationship is troubling and profound, perhaps more so than the realization during pregnancy that their wombs were old. Betty says it is like *being hit with a brick or a two by four plank* and for her, it begins an ongoing dialogue. The realization of being old now engages her entire self and not just her womb. She is *thinking about being old* and how her children may be disadvantaged. Age has again been called to question in relation to the older mother. She is stung with what this means for her mothering and her mothering relationships with her child and her community.

It was very clear in my mind that the kindergarten playground made me an old mom. (Betty)

Will I be There Long Enough?

With the realization of being older as a mother and the choice to birth late, comes the realization of being closer to death than other mothers, a change that Roberts and Newton (1987) suggest is part of transition to middle age. For the older mother, her ability to care is challenged beyond birth and into death, and nurturance and attachment begin to co-exist with the possibility of detachment. For the older mother, mothering is truly a "detachment, a holding close and letting go, at the same time" (Bergum, 1997, p. 156). The experience of the child as *other* is a recognition of the languishing of her own body at the same time that she experiences the growth of her child. Chesler (1979) says that with childbearing and childrearing comes the reality of one's own death.

> *And then just knowing in the next 20 years when Devin is 20, that will make me upwards of 60. And then 70 when he's 25. That part of it worried me a little bit. I just hope I will last. I guess the only things that come up for me are health things. You know, you're in your forties, things change, right?.... You get these little aches and pains and you think 'okay, what's that'? Can't be anything serious because I have to live for the next 50 years.* (Elizabeth)
>
> *Life is definitely shorter now.* (Irene)

The teen mother is gifted with a sense of invulnerability and no clear sense of what future really means for them (Leppert, 1984). They have an exquisite ability to reason concretely but may only have a beginning ability to think abstractly, which roots them in the present and within a morality that is immediate and felt.

> *At20, you've got forever to care.* (Zoe)

When you're young, you still have that...sense of the immortal. Oh, I got 20, 30, 40 years.... (Theresa)

The older mother comes to her child relationship with sensitivity to the future and already aware of how closely life is attached to death. For older mothers, life has becomes shorter and there is a sense that immortality lost is what distinguishes being older and being younger. Several have already lost a child through labor and birth; there are no guarantees about life or mothering and there is perhaps a sense of waiting to lose (Cote-Arsenault & Morrison-Beeby, 2001). For the mother who has lost a child, life seems especially tenuous.

I think it goes back to the fragile nature of life...it is something that you are always afraid of for the life .... In my experience, we've had you know, death in the family, had early death, tragedy, things like that. I am not a person who thinks it can never happen. I am very much the other way. ...The tragedy that I feel...is that ...you think that would be the end of it. I mean the possibility of having another one is really not there. (Anne)

For Anne who has lost a child already, there is deep sadness as she faces what her body may not be able to do and as she reflects on the loss of her child and of her youth. She asks for the tape to shut off. There is a profound sense of mortality and there are tears as she confronts the possibilities that mortality brings. Erikson (1963) suggests that the life period of the women in late thirties and forties is a movement towards taking care of others, and yet, what happens when the mother is no longer able to take care of the new attachments that she has chosen to form? *You're leaving a young child...that worries me more that anything* (Elizabeth). For the older

mother, attachment becomes a dialectic between desire for attachment and the fears of detachment, and its consequences for the child she has chosen to bear. It is not that she has been left bereft of experiences of loss and is puzzled as to how to cope; she has, after all, each month felt the relief, the joy, and the pain of her menstrual blood and its loss from the body. Perhaps it is that mothering changes body space; the mortality is no longer that only of the mother but also of the child relationship as well.

> *Mortality had meant nothing to me before that and then after I had Devin, I thought, oh god, I can't die.* (Elizabeth)

The mother space changes and with it, a deep thoughtfulness about the meaning of mortality. The birthing and separation of the child is physically complete with the mortis of the mother; *What will the child do?*

> *I worry that you know, something's going to happen to my husband at work. Like you never know what's coming up, that sort of thing. That Mitchell's going to be on his own or with one parent...an only child without much of a family. We don't have too much family here.* (Irene)
>
> *Probably one thing I do worry about is...my own mortality. Like will I be there long enough to see Thomas fully raised and ready to be on his own and with his own family?* (Leona)

For the older mother, the moral acceptance of the vulnerability and decay of her body (Frank, 1995) hastens consideration of choices. How will she guard the body space of mother and child until the child is old enough? There is work to do and

there is little time. Health becomes a conscious activity that is made different because there is a child inside it.

> *...at 20 it was like, you've got forever to live and your health really probably doesn't even matter at the time because your physical being at 20 is high energy...nothing matters. When you hit 40, it's like okay, it's a big turnaround and then you've got the kids to boot. You've got to watch your eating...you've got to exercise.* (Zoe)

For Ede, whose mother died in her sixties, there is a possibility that she, too, may die at a young age. She works to consciously avoid this possibility while being chided by her husband for not taking better care of herself. Forgetting and remembering the possibility of an early death are continuously present for her.

> *I was sad to lose my mother.... And the chance that I would go at a similar age and leave children behind who were in their twenties opened up before me like an awful chasm and I put it out of my mind completely, I can't afford to think of it. I mean the decision was made. I had the kids and I can't afford thinking of that. Just make every effort to stay alive, my husband says, while the children are really young.... If you made a bit effort, work harder at staying alive now...*

For Zoe, being old enough that her children are old enough means taking care of her health now.

> *I'll be so old when they're 20 and 30 and will I be around, you know? I'm going to quit smoking.*

Concern for what happens to the child extends the life of the older mother beyond her own body and she begins to make plans for the life to which she has given birth after her body dies. Plans are made to take care of the child in pragmatic ways. Death and growth live side by side in the consciousness of the older mother.

> *I remember thinking how will this [my age] disadvantage Jennifer? And I thought you'd better be doing your wills. So I looked up my wills and my husband laughed at me. 'No, we need to do our wills, because if we're old, what's going to happen if we die earlier? So we redid our wills.* (Betty)
>
> *...we're saving already in case something does happen.... I just want to make sure he's gonna have everything...I'm trying to find guardian parents. That's difficult.* (Irene)

There is concern for how the relationship between the mother and the child will change as the mother's body decays and fades. For Heather, her son will be her *life insurance* when she is older because he will be her womb of life when she approaches death, unlike younger mothers whose children will be older. For Theresa, the possibility of being old while her daughter is young is frightening and she worries about how she will free her daughter from the burden of caring for her. She has given life but she does not want to draw from the life of her daughter.

> *I mean I am 42. She's 3. I am 39 years older than my daughter and I don't want her to take care of me. It's like 'I'm 30 years old. Oh, my ancient cronish mother is going to have to move in with us...'. I don't want to do that to her. And yet, I am trying to figure out how to support her...*(Theresa)

There are questions that touch our sensibility that emerge from the reality of mortality that older mothers feel. How is the sense of mortality the same or different for the mother for whom mothering has begun at a younger age and continued to the edge of menopause? How do we support the older mother in making decisions and provision for her child? Hewlett (2002) suggests that we need to have more flexible approaches to re-entry for career women, so that they are able to continue to build future security for their children, but what of other mothers? Does retirement planning need to move beyond the traditional view of the 60 year-old to include discussion of the 60 year-old with a young child? As the trend towards older mothering continues, we need to consider how we will offer the kind of information that assists the older mother to address the concerns arising from her own awareness and ethical consciousness around being older, getting older, and bringing her child to a point in life where the life of her child can be sustained beyond her death. We cannot erase mortality, but perhaps we can bring comfort and the hope that Elizabeth expresses through assistance with lifestyle and mortality planning. She wants to see grandchildren. To do so, her son will have to have children earlier than she.

> *Nobody should get married until they're 30. But I'll make an exception for Devin. If he doesn't get married until 30, I'll be 80 till I see grandchildren.*

The Mothering Project: Gifts of the Thinking Heart

The Gifts from Life Practice

The older mother is caught not only not by the ethical responsibility to do well by the child and to ensure that her decisions about pregnancy and childrearing are right, but also by the responsibility to use the gifts of her life experiences well. The gifts of each mother differ remarkably, just as the older women themselves differ. They have come through a journey of many years. The journey has been different for each and so, there is no common offering to the children, other than that of life experience and what it has taught the mothers. Perhaps the gifts of age and maturity differ just as the gifts that the Magi, who had traveled far and who had gained much wisdom because of their journey, differed from those of the shepherd child in the familiar Christmas carol. Perhaps it is that the gifts of the Magi are no different than those of the shepherd boy, but it is the awareness of the gifts that is different. Through the awareness of self, which is the gift of experience and years, comes the knowledge of what the self can offer to the child.

What can I bring him?

Poor as I am…

The younger mother, perhaps like the shepherd boy, brings love and adulation that is born out of the simplicity of a knowledge that is bounded only by its newness and lack of full awareness of what the future can truly bring for the child cradled within. The Magi bring the wisdom that is gained from long study of the connectedness of the future with the past. Their gifts reflect the treasures that society

have shaped and revered and they bring these most precious gifts as acknowledgement of what has been given them.

For the mothers in the study, their gifts are the products of education, family relationships, friendships, community involvements, careers, and emotional development. These are the gifts of generativity, which Vaillant (1977) sees as the pull of the middle-aged adult towards the growth and leadership of culture and society rather than an emphasis on gratification that is individualistic and inwards driven. Gilligan (1982) suggests that for women, this consciousness arises out of a morality of connection and responsibility, which is the gift that the experience of the older mother brings to her child.

For Ede, Elizabeth, and Heather, there is a sense that their children might see them as leaders, organizers. Each has been heavily involved, in different ways, in their communities, sometimes because of the child. Ede chuckles when she recalls how often her son accompanied her to the community association, where she says, he almost thought he lived. Her connectedness to leadership and to her community has enveloped her and her children, and she sees this as important to her children and to her. Having a child has opened up the community to her and the community to her children

> *I had kids who were preschool and hanging around the house, so I ended up being the preschool coordinator for the preschool programs.... And organizing all these preschool programs for them and having the seniors pouting and saying the whole hall is full of these tiny little things running*

around and screaming all the time. Okay, so you start meeting the seniors and organizing programs for them...

Elizabeth explains that involving her child in the broader space of the community and giving him the opportunity to see her as a leader perhaps gives him a view of leadership and community involvement that may not otherwise have been there.

...working in schools and the community groups, I have something to bring to them. I was the coordinator of the playgroup for 2 years...he saw me as coordinator for the group. He had to understand that cause at times, I couldn't sit with him because I was doing coordinator things and I think they see that in a positive way. He sees his mother as involved. (Elizabeth)

For Leona, involvement in the community has been through concern for the right treatment and education of her son, who is autistic. She has learned to advocate for the needs that he cannot and to get the *right diagnosis.* It has sometimes been very difficult, as sometimes, the community and the systems believed that she was simply disappointed because she *wanted this child to be totally perfect.* Leona believes that age and education have given a confidence to her advocacy that she would not have had as a younger mother. Leona feels that the confidence is the gift of honesty and a willingness to acknowledge when something is not right. Gilligan (1982) suggests that this willingness to confront what is wrong and where we fit, is the maturing of the ethical self; for Leona, the reflectiveness is what she is able to bring into her sense of what is right and what is wrong, and of what Thomas needs. It may be, also, that Leona is bringing to her advocacy for Thomas a shift in how she

sees herself and a stronger expression of her personal identity. Roberts and Newton (1987) in their review of the application of Levinson's theories to women, suggest that the strong integration of the communal and individual self that occurs for women in their late thirties is an expression of becoming oneself.

> *I knew my son wasn't normal and I knew that what they were saying was wrong. But it still really hurt.... I was willing to push. I know when I was, as a 20 year-old, I would never have done that. I was just oh well, I guess he is normal and you know, we'll just pretend it doesn't exist whereas I knew it existed and I wanted to make sure he got the help and the support he needed and you know that's been done.*

For some of the mothers in the study, the gifts of their journey are the security of relationships, home, and finances, but for others, the gifts that come out of journey emerge from working with others and learning to communicate in many ways and through the problems and joys that arise from simply being in the world.

> *As an older mom, I've often thought I had more experience in terms of life to bring to it. And I found with my work situation with some fairly good problem solving skills, some relatively decent communication skills, I could use those in my interactions with my kids.* (Betty)

And, for some of the mothers, the gifts of maturity and experience are simply in the recognition that there is a future and there is also a past; they are interconnected. For the young perhaps, the future cannot exist because the past has been too soon. Plans cannot root until the past speaks. Theresa says that her daughter is her son and every other child she has ever lost. Hannah is also the pain of her

relationships and yet, the hope that Theresa invests in the future. Theresa knows the value of protection and safety, and of culture, and of academic achievement. She brings the wisdom of her life-as-experienced to the dreams that she holds for Hannah.

> The holes that we leave for our daughters are for them to darn with the yarn of their own lives. Just as we did. Just as we are doing. (Huggan, 2001, p. 24)

Summary

The richness of the mothering experience is told through the breadth of mothers' stories and reflectiveness. Mothering is not simply what you do with the child. It is the experience that you bring to the child, the deliberativeness of choosing to have a child, and the experience of being *with child*, as well as the body and mind experience of being *with the child*. It is about play and about making right choices. There is unity to mothering that includes the before, the during, and for the older mother, the after, as she raises her consciousness around the limits of her physical being. For the older mother, a thinking heart is brought into the experience of mothering as well as the gifts of the connectedness between her rich experience and the growth of her child.

Who sustains the mother as she brings her thinking heart into her practice? For older mothers, their own mothers, friends, and husbands are part of the shared story and are important participants in conversations. It is not always easy to find friends who share age and child connections, as the next chapter explores.

CHAPTER SEVEN

MOTHERING PROJECT: MOTHER NETWORKS

> In Toronto, I visit a friend who is the age mother would have been had she lived. She is one of my favorite people in the world, a great reader and conversationalist who likes to discuss mothers at length. I explain what I am writing and she listens attentively. "What are the things women don't say?" I ask. "Well, in my day, we didn't tell eaeh other a *thing,*" she says, her lovely wrinkled face shining with humour, "but I can't think of much women don't talk about now. There's nothing you could tell me that would shock me...." The fact is, I am at ease with her in a way I never was with my mother. Is that because times have changed or because she is not my mother?
>
> (Huggan, 2001, p. 27-28)

With whom do older mothers share their stories and what *do* they talk about? The connections that mothers have include those that are and that have been sufficiently meaningful to influence the decision to have a child; those that envelop the mother in the larger network of community (Bergum, 1997) and friendship; and those that come through the child.

The Cradle Endlessly Rocking

Out of the cradle endlessly rocking

Out of the mocking bird's throat, the musical shuttle,

Out of the Ninth Month midnight. (Whitman, 1998, p. 62)

Winnicott (1988) says that the baby holds the mother, just as much as the mother holds the baby. At what point in our lives, if ever, do we stop holding our own mothers? When do they stop holding us? Fischer (1988) suggests that as we become mothers, we often develop a new need for our mothers whether as sympathetic audiences for our own mothering or as sources of potential approval and benevolent advice. Breen (1975) says that the birth of the child is a graduation in our relationship with our mothers, in which we move from being the child of a mother to also being the mother of a child; we are indeed separating and individuating (Droege, 1982) as we evolve this new connectedness. We understand mothering both as an object and as a subject (Fischer); connected and separated. Although we understand who our mothers are as women and are connected through mothering, Swigart (1991) suggests that this understanding brings with it the pain and joy of the memories of what it was like, for ourselves, to be mothered. What meaning does the understanding of mothering have for the relationship that older mothers have with *their* mothers? What do they share with their mothers? And, what meaning does mothering have for our relationships with friends, because as women, what and who we are arises out of our relational commitments (Roberts & Newton, 1987) and the stories that we share.

As the young mother enters her relationship with her child, she moves forward and, sometimes away, from the emotionally and, often, physically near relationship of

her own mother. Her mother's cradle is still rocking with the movement of her mother's hands. Bergum (1997) suggests that the teen mother's mother is still very present in her relationship to assist with childcare and to provide support to the young mother. Fischer (1988) says the mother of a new mother is helpful in softening the responsibility of mothering and in connecting mother and baby by pointing how the baby looks at the new mother or how baby and mother look alike. Mothers *of* mothers become sources of expert advice on toileting, feeding, and nighttime awakenings as new mothers (and others) struggle to assume the level of expertise that they are pressured to assume in relation to their own child (Fischer; Maushart, 1999; Thurer, 1994). As the mothers *of* mothers pass along advice, they become important and trusted conveyors of culturally derived practices in childcare from one generation to another and they become images of how other mothers act in families.

Studies suggest that the age gap between generations affects how and in what ways grandchildren relate to grandparents (Neugarten & Weinstein, 1964; Johnson, 1985). This age gap also affects the relationship between older daughters and their mothers. For the older mothers in the study, the presence of their mothers was surprisingly strong and perhaps unexpected, as they had left the physical presence of their mother's cradle so long ago. For the older mothers in the study, the recognition of how they are different from and similar to their mothers is articulated freely. Their mothers have given them life but their experiences and their age have given them who they are. The older mothers see from this perspective how they are in relation to the mothers who have birthed them.

Elizabeth is wistful when speaking of her mother, who lives a long distance away. *...she [her mother] doesn't get to see Devin grow up.* She likens herself to her mother who, like her, stopped her career to stay at home with her children but was very involved with volunteer work. Elizabeth says her mother's volunteering is what has influenced her life and her mothering. Her mother was the sort who would be able to find a connection with and for almost everyone; Elizabeth wants to be able to pass on these skills to her son through how she lives her life. The presence of her mother is found in the decisions that she makes about what she will do and how she will be as a mother.

> *My mother was ...very social.... Mom's social, very good in a group of people that she doesn't know. By the end of the session, she'll know everyone. She'll know first names.... She'll have worked out every connection.... In my teens, I can remember a friend of mine coming over. And I remember thinking there's no way mother will know this girl. Sure enough, there was some connection my mother found.... It was the ability to make people feel at home. Those are the kind of skills you need – not to be afraid to go into a group of people, not to be afraid to talk to adults...because those are things you need in life....*

Elizabeth's mother has influenced the timing of Elizabeth's mothering decision, as well. *Don't get married 'til you're 30.* Elizabeth laughs and says her mother was ready to take back her advice when her daughter went well beyond 30 before having a baby. The independence of Elizabeth's maturity and her life has meant isolation from her mother, something that she feels keenly. She misses the support of her mother,

which she clarifies, does not mean advice. And, she understands her mother as a mother more since she, too, has a child.

> *My mom doesn't give advice, although she told me to stop nursing at 3 years. And that's when I actually stopped it.... I was dreading the screaming and the fighting cause I knew my husband would not deal well with it. That's when we were down home and I thought, well, if you're willing to put up with it. So that's what I did.... If she had been here I probably would have weaned him sooner because her support would have been there to do it.*

For other mothers in the study, separation from their mothers has been for different reasons. Ede and Betty have both lost their mothers in death. Ede says that the loss of her mother was eased by her mother's living thousands of miles away, but she introduces her mother early in our conversation.

> *My biggest disappointment was I lost my mother early. She would have been a wonderful grandmother.*

For older mothers, the mortality of their mothers is especially present. As they age, so do their mothers. The possibility of audience is waning or is gone and yet, their mother's influence is ongoing. Ede speaks of her mother's influence, again in decisions around the timing of her mothering. Her mother, too, was considered an older mother, and had cautioned Ede to wait until she had had her fun and had established her relationships before she mothered. Her mother had been an active community volunteer, like Ede. Ede finds the similarity between her mothering experience and that of her mother interesting and she intertwines the experiences of

her mother with her own, weaving mother, daughter, and grandchildren together in her sharings.

For Betty, the memories of her mother are troubling. Her mothering experience is deeply affected by her mother's presence and she has committed her own mothering to being what her mother was not. She is forgiving of her mother but she is committed to having a relationship with her daughters that is different than that between her mother and her. Betty incorporates the love and cradling in her mothering relationship that she mourns the absence of in her relationship with her mother. Loving, caring, and building relationships and communication have been a conscious quality in her mothering; the presence of her mother is expressed in how she relates to her daughters.

> *What I have with my kids my mom never had with us, regrettably...to both our detriments.... My mother couldn't do it. It didn't mean she didn't love us, it just simply meant that she could not be that sort of mom...so that's just who she was.... When I compare with what I have now to what I had then and the differences are simply amazing. I have such a rich relationship with my kids....I tell them I love them. My mother didn't tell me that until well into my twenties.*

The development of her identity has given Betty the courage to define how she wants to be different from her mother and her mothering. Betty observes that her mother moved from young womanhood to her marriage relationship and thus, had little opportunity for becoming a person outside of her husband's relationship and the cradle of her own childhood. Age and experience allow the older mother to separate

childhood and mothering and to make other choices about how she will mother. The transition to middle-aged adulthood also provides the confidence for personal expression in family life (Roberts & Newton, 1987) that is necessary for the older daughter to separate her mothering from that of her mother's.

> *I think a lot of our own childhood reflects on what we do in our child's upbringing...(pause) and I think my mom did it all wrong. So I'd like to do it different. I am more verbal, the older I get. And I figure it's not going to hurt me to say something to her [mother] you know. She may not like it but I am going to say it and I may not have done that years ago and I may just have let her bring my kids down.* (Zoe)

The clear lines that are drawn between the mother as child and the mother with child sometimes bring sadness and a wondering. Chesler (1979) finds poignancy and despair in her search for her mother. "Does a woman need a mother even more than a daughter does?" (p. 6). For Zoe, there is still a pause when she acknowledges how her mother has mothered; the cradle still rocks with the practical help of her mother's hands and with the vestiges of being a child within her mother's cradle, but the cradle is no longer completely comfortable. For some older mothers, the discomfort may be heightened by the time that has gone since their mothers cared for children. Gee's study suggests that grandmothers feel that the ideal age to become a grandmother is between 48 and 52 (1987); grandmothers have *right* ages, too, perhaps just as mothers have. What of grandmothers who are themselves older as grandmothers because their daughters have borne children later in life? How much trust can older mothers invest in the knowledge of their mothers, which reflects the

culture of earlier generations, and yet, how can they decide to invest in their own knowledge? Anne speaks softly about her relationship with her mother since her daughter was born. It has been difficult and halting. Her mother is a nurse. Anne did not call her mother when she was laboring with her daughter. The connection of mothering separates mother and daughter as the knowledge and experience that has matured the daughter intervenes.

> *I had my first child and then, subsequently, problems in our relationship...I had a difficult delivery with my daughter. She [my mother] was so upset.... I had all this life experience and felt I was going to be able to do it.... I recognize that maybe wasn't the best thing I could have done and also, because of my age or whatever, but you know, there again, trying to do it different because of what you know.*

The experience of understanding that comes with mothering is rich with memories of mothering (Swigart, 1991) but with the birth of the mother, the cradle in which she has been sustained as a child, takes on a new rhythm. For the mothers in this study, this rhythm has sometimes been comforting and complementary to their own mothering; for others, the rhythm has been distinctly different from the one that they seek to establish. Experience has given the older mothers confidence to rock their own cradle with a rhythm with which they are at ease, but there is still a close sense of being a daughter and someone else's child. There is an acknowledgement that their wishes as mothers may not be right for their own mothers and an awareness of how mothering is different between the two generations. Too, the older mothers express forgiveness and compassion for their own mother that perhaps emerges from

the experiences that older mothers have had as women and the perspective that experience sometimes creates.

Friends and Conversations

Changes: The Dinner Table is not the Same

> *The dinner table is not the same…you go to somebody's house and they've cooked a ten course Indian meal and you've got this4 year-old who will eat nothing but stoned wheat thins and finds the conversation boring…if you have house that's full of 4 year-olds, everyone just laughs because they are similar.* (Heather)

Dinner tables bring together friends and conversations. It is where we share the familiarity of our everyday life and share the fun, enjoyment, and stories that are part of who we are. Who we invite, what we serve, and how we serve it defines for others and for us our relationships, comforts, and life ways. There are memories associated with meals that remind of us of our mothers and of our families and there is always an invitation to bring others to the table as we form new friendships and strengthen old ones.

For the older mother, the image of the dinner table is one of changes. Some of the guests have left and new ones have arrived. Work friends change.

> *I was working with all these fantastic women who just didn't understand what it was like to have a kid. They would say things like you're going to get really bored of this quite quickly, you know.* (Heather)

Perhaps work friendships always change for mothers; their interests have changed. Heather says she was now pulled outside the office conversation and work interests to

this little person in my life. The caring responsibility is great and the interest of the new mother turns completely to the child (Bergum, 1997); it is difficult to focus on concerns that seem far away from the child. Others notice and the dissonance whispers loudly in the conversations of the women. Heather leaves her work. There are those who are baby people and those who are not. Heather suggests that having a young child makes you a *baby person.* You become *totally interested in other people's babies.* Perhaps work is not the place to have baby conversations and baby friends, unless your friends also have babies. What loss does this represent for the older mother who Berryman and Windridge (1995) suggest is more likely to be invested in work and its relationships than the younger mother? Hewlett (2002) recommends that employers be more flexible with mothers with children. We need, she says, to offer flexible scheduling, opportunities for reduced workweeks, and time banks of leave that can be taken until the child is 18. Perhaps even more relevant issues for the mother who works, and for the older mother in particular, are not only those of time, but of relationships. The conversations have changed and she no longer fits within the friendships that she has formed in her work community.

> *...it's funny, after you do have a younger family, if you're in a different way of life at that time, even a friend at work, we really don't see each other anymore...it's just then becomes more of a casual relationship more so maybe than what it did.... You know if you're going crazy with little kids and all that and the other person was either past that or had never done that...it would change your conversation totally...you know, not necessarily that you would get together on a regular basis as much.* (Anne)

In social friendships, Anne suggests that it is common interests that bring you together. Like work, conversations are meaningful when we share what we have in common.

> *If you have friends that are dealing with similar issues and things like that, it does tend to bring you together.* (Anne)

Ede suggests that being an older mother means that you no longer share common interests and schedules with friends. Children change the ways in which we play and share time together. For the older mother, sharing time with friends who are similar in age becomes difficult. Friends of a similar age are perhaps becoming the adult-without-child while she is entering and immersing herself in the rhythm of child activities. It is difficult for friends-without-children to enter the everyday world of friends who have. Daily rhythms and priorities change. The conversations change and the opportunities for conversation also change. The call of the child is heard over the moderated hum of adult talk. The competition for discussion and time leads relationships to other connections. Mothers who have had children early return to the interests that they had before children; the older mothers turn to relationships that can more easily enter her world of child, which Reece (1993) found, in her study of primiparas over 35, resulted in smaller networks of friends and more friends with young children.

> *Most of our friends when we moved here started having kids before we did. And so, what we noticed was that we didn't see them anymore. The work of having a family is a lot.... So you have less time for just dropping by on a Saturday morning and this kind of thing.... We still keep in touch with these*

other friends.... Often it's by phone rather than actually seeing them. Cause they sort of dropped out of our lives...the people we see now in our community, we see because we have kids of similar ages and schedules mesh. (Ede)

Entering the world of the child becomes difficult for friends of the older mother, not only because daily rhythms change, but also because topics of conversation change. Leona says that her older friends are no longer interested in the world of the child; she is out-of-step as a friend, although perhaps in-step as a mother. Younger mothers expect more of her because she is older.

I am more comfortable with people who are my age. I still have more in common with them, yet we can't talk about parenting things. We're in different parts of our life on that because my older friends are either grown up or are basically almost there and they don't want to discuss those sort of things...Young moms expect me to know what to do. And my older friends go 'Well, I am so glad to be done with that. I don't want to hear about it.' (Leona)

What is it like to be out-of-step with friends and other mothers, and in-step as a mother? Betty speaks of the isolation that she sometimes feels. She is caught by the friendships and interests that young mothers share, interests that include their children. There is a poignancy that she shares in her observations of mothers in the mall; they move side by side, just as friends might. They are synchronous in their movements and in their strollers. They are in time. She watches from a distance, unable to enter the world of mothering-in-time friendships, and she wonders if her

children will suffer if she does not have the conviviality and intimate dialogue that is part of friendships between women.

> *It seemed to me that they were all taking their kids to the playground and they were all shopping in the mall with their other friends and you could see two young moms with two strollers. I'd think oooh, is my child being deprived? Should I be doing this?*

For Heather, the aloneness has been one of her greatest challenges as an older mother, especially as a new mother. Who, indeed, is there to listen who understands you and your child? Who accepts you, *bags under your eyes* and all, and when you *feel like dying today*?

> *...not having a group of people going through the same kind of stuff around me when it first happened...I think that's because I put it off. Because you know there are people out there in my own age group, but they just kind of did it earlier, and they were beyond that by the time I came along with this kid.* (Heather)

Mothering Connections

For older mothers, connections with other women and other mothers arrive through their children. The conversations that are shared are those of the *trials and tribulations* (Leona) of the child and mothering stories. The connections arrive for older mothers through playgroups, community groups, and on the playground. What matters perhaps more in child connections is the age of the child, not the age of the mother.

> *The friends I have I met during their schooling, kindergarten and that. I met*

a few ladies that we go to the park with the kids and this is where we talk... so whether we are 18 or 50, it's still a conversation that we experience at that time, because our kids are in school together.... When you're so much of an older age, they can't relate to you. It's <u>their</u> thing not mine. I can relate to any age really and because we do have a common interest with our kids...I overcome that, but I don't know if they do. You know that they can open up to me and talk like they would with a younger mom. (Zoe)

There is a sense of temporality in the friendships and in what is shared. Connections are made through the child and because of the child. Interests arise because of where the child is at and what the child is doing. What will happen when the child moves on in age?

The mother networks become fertile ground for conversation and support around the children. Cook (1993), in a study that compares stress and social networks among first time younger and older mothers in the early post partum period, suggests that mothers in the older age group receive more support from mothers like themselves than mothers who are in the younger age group. For Elizabeth, however, there is little support available from mothering friendships in the weeks following Devin's birth.

Especially in the early going, I didn't have anybody I could phone up and say, 'hey, what did you do with this?'.

Anne experiences the support of a friend, which is made more meaningful because she and the other mother share the same age; she is reassured that she is not alone in her older motherhood.

That's helped I guess, having my best girlfriend at the same age and stage as me because you see in a social sense that it's all okay and hey, she's doing it and I'm doing it and we're giving each other support.

For several mothers in the study, the mother networks that were formed on the playground and at school became the relationships they had not had because previous relationships had been previously centered around work and childfree interests, including relationships with mothers who had had children earlier or had chosen to remain childfree. As Cook (1993) and Reece (1993) suggest, meaningful relationships are important in muting the cries of stress for mother and in finding meaning in mothering.

Because you are older, this is the older bit...all of my friends had either chosen not to have children or had them some time before. And my peer group wasn't other mothers.... It wasn't until after I had a kid that I looked around the office and realized none of them had one... And it wasn't until I connected to pre-school with other moms that things really became a lot more fun. (Heather)

For Elizabeth, the mother network at pre-school becomes especially meaningful. Work and travel have given the opportunities to meet people and to bring her career forward, but they have yielded few roots or friendships, which may well be the challenge of the career woman who becomes a mother. For now, she is part of the migration of high achieving women that are moving away from their careers (Hewlett, 2002). There are, however, gaps in her life.

From the point I'd moved here, I'd been traveling so I've never really

established any friends of my own...other than...friends that we would go to the Saturday night hockey game. I didn't have any business cohorts, any connections really in that first little while. It was difficult ...because until I got into the mother's group, the pre-school group, friends I did know were working.

As the child enters pre-school and school, the older mother is pulled outward and the activities of learning provide a space for and time for conversation with other mothers. But, what of the older mother whose child is yet too young to experience or even require kindergarten or school? How does she begin conversations and relationships with other mothers, who are not likely to have had relationship with her before-child? How does she, as Parse (1981) suggests, begin to connect with other mothers and in conversation, construct meanings of mothering that are shared and that transcend the individual mothering experience? For younger mothers, friendships from before and babies now make comfortable companions. The age of the mother and the age of the child intertwine with those of friends in a comfortable helix of interests, relationships, and wombs. For Elizabeth, the choices in timing of the child led to an uncomfortable asynchrony of wombs, especially in the early days of motherhood, when she did not have the opportunity for conversations with other mothers.

In my mom's age, everyone seemed to have the babies together, all at the same time. In this day and age, it doesn't really happen that way. Women are having babies at different ages. My girlfriend here...I had Devin 5 years ago when I was 37, and then, my friend had Aaron. He's 18 months old and she

had him in her 36th year...but there are 4 years between us...I think to myself, wouldn't it have been nice if she had him 4 years ago? We could have done it together.

For Irene, who has the youngest child of the mothers in the study, support and conversation comes from a friend whose daughter is 4 and who is a year-older.

She's starting her daughter kind of late so I'll ask her a few things.

While she and her friend have age in common, their children do not. When she has a *real concern*, she goes to her books. The words that Irene chooses are an expression of her values and experience (Parse, 1981, 1987). For her, the book, and not the friend, is a source of informational support and guidance. The friend is the support of experience. Connecting occurs through the ages that the mothers have in common, but perhaps as Elizabeth suggests, the age of the child is as critical to friendship and the co-creation of the mothering experience the as the ages of the mothers themselves. For some older mothers, timing and age continue to limit the conversation, even in mother networks.

Stories Not Shared

What do mothers share in conversations with other mothers? What is hidden and what is revealed? Parse (1981, 1987, 1998) describes the process of concealing and revealing as rhythmic process of showing our self-knowledge or our being to others. Choosing what to reveal or conceal is inherent in human relating. Disclosure involves courage and gains knowledge about who we are in relation to others. For Ede, whose mother friends are within 5 years of age of her and whose children share nearly the same ages, there is talk of school and child behavior, but there is also talk

of politics and there is laughter. The conversation and relational circle meets her social, child, and intellectual needs. It is an enduring and valued circle of friendships in which beliefs about focusing on the child, once arrived, are inherent. All have worked and then decided to stay home, full time, because they needed to *be a support for the child.* There is a rhythm of time and space in their conversation and relationship; they live close and they share one another's daily mothering lives.

> *[I have] a very powerful group of friends. Three or four in particular...in this neighborhood...who have been having coffee once a week for years. And we talk about our children and we talk about politics and we talk about school and we talk about community and we tell tall tales and we laugh and we support one another through problems and they're a gold mine.*

Older mothers with younger friends and mother connections speak of conversations on the playground and in the playgroups, and at school. The conversations share information and ideas about their children. There are stories of their children and sharing of their knowing as mothers.

> *We go to the park and this is where we talk about our concerns and what's going on in everybody's life and how we're dealing with it.* (Zoe)

What is not shared or revealed? Maushart (1999) and Lerner (1998) suggest that the true stories, the real stories of mothering are rarely shared because relating is constituted by an up-down pattern of relating. Mothers are afraid to share too much for fear that they will be seen as poor mothers or as less than adequate by other mothers.

I don't trust my sister on things [such as feeding doughnuts for breakfast] but I trust her to make sure if I tell her something, it's in confidence and that she doesn't criticize me. (Betty)

There is too much judgment to openly reveal failure. The conversations continue, with children at the center, but there are parts of being (Parse, 1981) or the way in which the older mothers know themselves, that may never be shared with other mothers.

I'm not a very open person. I don't sit and chat about things like that [concerns]. I don't share my life with a lot of people. (Elizabeth)

Perhaps not sharing is related to age and to their capacity for honesty. Age allows the older mother to know her own being well enough that she knows what she cannot or does not want to disclose. Perhaps age allows the older mother to be honest (Gilligan, 1982), to be genuine about who she is and how she thinks about sharing. Or perhaps getting-it-right means that getting-it-wrong or not knowing how to get-it-right is an unacceptable story to share with other mothers.

So there is a small circle who...we share a lot of childhood experiences. But those are more the routines and the marks and those sorts of things. I don't ever discuss problems with them, that's not me. The problems come from me needing to understand my relationship and work through how do I support my kids...I would go outside to <u>boast</u> but not to discuss. (Betty)

And when things get so bad, I just can't stand it, I go run a real long hot bath and I do my sniveling there and get it out of my system where nobody can see me. Nobody can hear me. And if somebody walks in on me, well I'm just

washing water on my face. That's why my face is wet. (Theresa)

Theresa tells funny stories but she does not talk about her worries and concerns with other mothers and friends at work. She turns to her computer, where she is able to tell her *war stories.* She finds the facelessness of her friends on the Internet comforting. They cannot see her face or see her cry. They may not recognize her as the mother with the story if they see her on the street. She can share her stories when the need to connect is greatest. She can connect her time and that of these women. Time is important to having a good conversation.

> *It's ideal because on the Internet you can get in touch with people and the thing is, you're not having to take someone away from their life or disrupt your schedule to find support, to get feedback.... And I think it's easier because you don't have faces with these people.... All of us have been mothers or want to be mothers.... I'm like 'oh wow! How did you deal with that when it hit you?' So she'll [70 year-old grandmother friend] tell me how she dealt with something in particular and it's 'like I tried – that didn't work. No, I didn't try that. I will try that and get back to you.' 'You did what?' 'Are you completely off your lid?' The thing of it is, we have a close enough rapport that we can be honest.*

For older mothers, the turn to disconnection and to concealment, whether of face or of thoughts, is a call to us as mothers and caregivers. Through disconnection and concealment, the older mother may be able to preserve her image of herself, as she wants it to be and to present the mother as she seems to others. Buber (1965) expresses this as being and seeming. Being is what we are or what we know of

ourselves; seeming is what we show to others.. Shared conversations involve co-creating a reality of what mothering means. Sharing experiences means risk, as other mothers are shown what the mother may not wish to be. As mother and caregivers, we may need to ask the older mother what does this experience mean for you? What worries you most? Without a concern for the meaning in the experience (Bergum, 1997) and an invitation to share beyond facticity, the seeming confidence of the older mother, which may conceal her worries and uncertainties, may silence her and us.

Partners and Conversations

One Arm for Each Child

For the mothers in the study, conversations with partners came up less often than conversations with friends and mothers. For Leona, conversations with Thomas' father are limited; he left when the conversations about mothering first began. For Betty, her husband is her primary confidante. He is her confidante when she has concerns and frustrations about her children and her mothering, frustrations that she will not share with friends. Perhaps it is because the concerns are visible to her husband, more so than to friends, with whom it is easier to make choices about what to share and what not to share. The transparency brings validation and criticism.

> *I will share with my sister...but nine times out of 10, it's husband. That's his role, I tell him. When he got married, he got married to hear all of this.... He's really good at validating the fact that I am a good mother. Now if I'm not, if he thinks I've done or said something that's pretty stupid, he'll tell me, too, not always politely.*

Despite her relationship with her husband, Betty indicates that she makes mothering decisions that are hers and about which she shares little. She became pregnant, again, and *he didn't have a lot of vote there.* She wonders if he really would have been more comfortable with one child? Like Anne, she shares conversations about school and goals and behaviors with her life partner, but there may be little about the everyday. Perhaps the difference between mothering conversations and parenting conversations are because fathers come to fathering differently than mothers come to mothering (Bergum, 1987; Kilcup, 2001). For Elizabeth, mothering is an expression of femininity; fathering is a job to which men sometimes come slowly. As women, mothering is more than something that we do; it is something that we are, and the conversations between mothers and fathers reflect this meaning. There are decisions about mothering, such as pregnancy, and conversations and relationships with children into which fathers require invitation.

> *I have 2 arms and I can put one child in each arm and hug them....We have a special tradition on Sunday nights when my kids are home. There's a TV show they love and we sit there on the couch. I have one child in each arm and we eat chips and dip and we watch a TV show that Dad is not allowed to watch unless he is quiet and makes no comments.* (Betty)

Horizons

Through conversations and relationships, meaning is created and extended (Parse, 1981, 1998), support and criticism is given and received (Cook, 1993), and stories are shared. Through sharing stories, mothers are judged and affirmed

(Maushart, 1999; Swigart, 1991; Thurer, 1994) and threads are woven into the story of mothering. Through relationships and conversations, mothers come to understand what older means, which can sometimes mean aloneness and a sense of asynchronous wombs, time, and stories for older mothers at home and at work. Older sometimes means the courage to move beyond the advice and protection of their own mothers and sometimes, the courage to accept the advice of their mothers and the limitations of what they know. The dinner party has indeed changed because the child is now at the head of the table.

In the final chapter, implications of the experience of older mothering are drawn together into theses of older mothering and the implications for nursing practice, education, and research are described. The final chapter is an acknowledgement that the questions arrive more fully as the answers emerge.

CHAPTER EIGHT

POSSIBILITIES

Words end. Conversations do not. With each conversation, we transcend what we have known before through the co-creation of new understandings and possibilities (Parse, 1998). Gadamer (1989) speaks of horizons of meaning where experiences and language meet in the probability of possibility. The conversations with older mothers are not the end of "womb speak"; they are part of the complex understanding that emerges from other conversations and considerations of mothering. They are a call to further possibilities in understanding mothering and in particular, older mothering.

Conception

Several years ago, I began a paper on adult development for my first doctoral course. I had chosen the topic of older mothers because that was the term given to me during my first labor and I was still intrigued, even mildly offended, by the term. During my research for the paper, I found a number of references to the fetal and maternal risks of delayed childbearing and I discovered that if I was considered older as a mother, I was not alone. The trend towards older mothering was growing but in spite of an extensive search of many databases, I found nothing about the experience of being an older mother. My attention was caught; the seed of a research question was being sown.

I completed two conversations as part of the requirement for that course, a portion of which is included in the first chapter. The one conversation was especially captivating as this intelligent, articulate woman described her complete and total immersion in the experience of mothering after having established a distinguished career. The experience of time and space had changed for her with the birth of her child. The child was her space and her time. *Time was no longer mine to shrink and expand. I could no longer read...*

The question of older mothering grew in its consideration and its possibilities until, like the fetus captured in the ultrasound image, it began to take on structure. Studies had begun to emerge around the experience of older mothering, which was now properly considered an important social trend, nurtured by the increased choices given to women through contraception and career paths. The studies drew heavily on what was available from general considerations of mothering and tended to divide older mothering up into pieces of experience that produced limited understanding of older mothering but extended what was known of mothering, in general.

Research into the older mothering experience has been reminiscent of the story of the blind men discovering the elephant. One feels the elephant's trunk and shouts that he knows what the elephant is like. Another feels the elephant's tail and declares that this is what the elephant is like and so on. All are parts of the whole, but none is the whole. As Gurweitz (1967) points out, all knowing is mediated by perception and, for that reason alone, we cannot hope for any other than a perspective that is limited by our own history, context, and experience. Beginning with the most limited perspective, however, is akin to beginning with the toes of the elephant; it

may take a long time to understand the body, which is the largest component of the phenomena. Why then ask whether if older mothers have more social supports or if older mothers are more tired than younger mothers before you ask, *what is older mothering*? Consideration of this perspective led to contemplation of the phenomena of older mothering itself: What is the experience of older first time mothering?

The Fertile Bed

The intent of this study was to investigate and to discover what it was like to be an older first time mother, with guiding questions that involved the mothers' experiences with being a mother, being older, and in relationships with others.

The mothers came to the study through referrals from others who were aware of the study and each of the mothers was given a letter of information explaining the intent of the study. The guiding questions were explored through in-depth conversations with nine women, all of who identified themselves as having delayed motherhood. The conversations included questions that involved demographic information, such as age, age when the woman became a mother, and education.

In conversations, Theresa shared that she had a child as a teenager; her second child was born when she was 41 years of age. Should her experiences be included in the study? The possibility of not including her involves consideration of what is mothering? Is it different from being a mother? Anne, who first became a mother at 36 years of age when she became a stepmother, suggests that being a mother is not simply the *is*; it is also being and doing. For Theresa, being a mother came during the birth of her daughter, when the *earth mother* of her emotions and of history swelled and ruptured in the freedom to fully mother. Being a mother meant being fully

present. As Anne suggests, fully being a mother means doing mothering. It is being fully aware of *mine* and of the anxiety that having responsibility for *mine* becomes; it is Theresa's experience at 41. Theresa's experiences are included. It is Anne's experiences. I am surprised at how Anne and Theresa define being a first time mother, but I am also intrigued that the child comes through different ways to the mother. I see also that Theresa's stepdaughters have no names in our conversation.

Initially, the study intended to include mothers with first children who were 3 years or older. Irene has a child who is 20 months; Betty has a child who is 18 years. I am concerned that the needs of the mothers whose children are older may be different than those whose children are younger; similarly, I wonder if Irene's experience might be different because her son is less than 3. Many of Irene's experiences are similar to those of the other mothers in the study, perhaps because there is a commonality to all mothering experiences, and perhaps because she has experienced similarities in becoming a mother and in her early mothering that are similar to the experiences of the other mothers

The themes in the study suggest the "fundamental lifeworld themes" (Van Manen, 2001, p. 101) that involve the universal experiences of otherness, mystery, life, death, and meaning that encompass the more specific phenomena of aging, pain, and mothering. These lifeworld themes or existentials are lived space (spatiality), lived body (corporeality), lived time (temporality), and lived human relation (relationality), and within the study, they frequently became intertwined in the "intricate unity which we call the lifeworld" (Van Manen, p. 105), the everyday world of the older mother.

Mothering and Nursing Practice

The implications for nursing practice from the study are threefold: How do we conceptualize mothering in general? How do we care for older mothers? What societal changes do we need to facilitate that will support mothers meaningfully, regardless of age? The movement from interpretation to practice is not one of presumption but rather a consideration of possibilities for practice, education, and research. It is a call to continue the dialogue of understanding and connection so that the experience of mothers is understood from its broadest social context and from the perspective of the individual mother in interaction with the nurse.

Within the context of mothering in general, there is a tendency to treat mothering as an episode, primarily an episode that begins with pregnancy and ends when the child is a year or 2 old. Further connections with mothering are limited to other episodes, chiefly when the child is ill, or when the mother is failing to provide a socially and medically acceptable definition of mothering or of doing. This conceptualization of mothering leads to the implementation and development of nursing activities and programs that support pregnant women and new mothers through the experience of pregnancy and earlier mothering, but that provide little ongoing support or intervention for mothers of older children. Perhaps it is because the child assumes pre-eminence as the child matures; the mother becomes a bystander or, sometimes, is unfortunately implicated as a culprit in the problems of the child. Sometimes, the mother assumes a caretaking role for the child, for which nurses assist to prepare her when there are health concerns, but rarely, a mothering role.

Within the context of primary health care, life, health, and illness are seen as seamless components within the health care system (Alberta Association of Registered Nurses, 2003). A proactive approach to health is advocated in which the capacity of individuals and communities is enhanced so that individuals and communities are able to act as experts and owners of their own health. Within this context, mothering can indeed be seen as resource for health and mothers as important participants in the health of their children and communities. Mothers do not stop having questions or needs when their children grow beyond infancy; they simply have needs and questions that change and evolve as their mothering moves with the age of their children. Proactive approaches to mothering imply understanding mothering as a resource and as a continuum beyond pregnancy. To support this continuum, nurses need to understand mothering, mothers who are becoming and those that have become, and the calls that emerge. What does it mean to be the mother of a preschooler? What does it mean to be the mother of an adolescent who is challenging the status quo? What does it mean when mothering goals and outcomes do not match what the child becomes? How does the mother engage meaningfully with the child who is experiencing menstruation? What is that we do that perpetuates structures and interactions that judge and condemn older mothers and mothers as a whole? Services and programs need to move beyond infant development and what is expected of the motor and social development at each month of infancy to consider the development and mothering of children in other phases of the lifecycle and to see mothering as a continuously evolving experience. There is perhaps a need, for example, to offer coaching in how to play with children,

so that mothers experience and experiment with ways to play with their children in age appropriate ways. Within this context as well, perhaps we need to include more discussion of healthy living practices in prenatal classes, for example, and assist mothers in seeing their own health as important to the health of their children.

For the older mother, nursing practice needs to take into account the thoughtfulness of the older mother and her deep commitment to her child, which is expressed in her need to make the *right* decisions and to do *what is right.* The older mother is anxious for information and will be an eager recipient of what is available. She may not, however, be comfortable in sharing challenges or problems and so nursing practice may involve going out to the mother, through visits or programs, asking the meaning of experiences for her, and affirming what the older mother is doing that contributes to the health and well-being of her child. Within the context of the community, programs that focus initially on providing information for older mothers of children who are both infants and older, may assist the mothers to become the resources for health that they desire to be as well as providing opportunities to build mother networks and alleviate the aloneness that they experience. These programs could incorporate information and activities that promote healthy living practices and address the concerns that older mothers express about staying healthy and living long enough. Perhaps, too, there is opportunity to explore the possibilities of Internet discussion groups where older mothers are afforded intimate anonymity and yet, opportunity to explore mothering concerns and questions in-time for them.

The issue of mother fatigue needs to be carefully considered by nursing practice and the health care system, in general. The system allows for respite for

those who are caring for elderly loved ones; do we need to provide paid respite for the mothers who are also caring for young loved ones? Can we consider the possibility of providing visiting services that go into the mother's home to assist, when needed, and care for the infant and young child? Going into the home has its roots in the practice of my grandmother, where the nurse-midwife went into the home of the mother to care for mother and child, which was a tacit acknowledgement of the need of the mother to share space with her infant but while doing so, to be relieved of the total responsibility of the infant. Within the Canadian nursing context, care of the healthy child and care of the healthy mother have become separated, as the babysitter comes in and the mother goes out. The older mother, because of career and relationships, might not have access to caregivers outside the home or to grandmothers and friends who can provide respite or who feel sufficiently close enough to the young child experience to be comfortable in providing respite. Nursing and health care systems may need to consider ways that are sensitive to mother space in which to alleviate the caring responsibilities that give mothers opportunity to rest safely physically, emotionally, and mentally.

Providing information, education, and respite and assisting to establish mothering networks for older mothers acknowledges the older mother as an important resource for health, hers and her child. While the mothers in the study showed courage and insight in relation to their lapses into what they saw as potentially abusive mothering, they need support and nurturing to remain pulled back from the edge of abuse. Proactive nursing programs, which could be mounted through the medium of the Internet, may assist to keep them away from the edge by providing in-

time support. These women want to do mothering *right*; they are listening and receptive.

Finally, nursing needs to be compassionate in assisting the older mother to understand that older women who become pregnant can be healthy and that their babies can be healthy as well. The older mother comes carefully to the decision to childbear and often finds the experience of being scrutinized and objectified disembodying. The decisions that she has made need to be respected and valued, rather than judged or condemned. She will meet enough condemnation and judgment, because there is a tendency of us all, mothers and caregivers to point out how the mother can be better at what she is doing. She does not need the critical scrutiny of those whose profession embraces the value of caring (Bevis & Watson, 1989; Montgomery, 1993). These mothers are cognitively aware of their decisions and the possible implications; what they may need is an opportunity to talk about the meaning of the decision for them and affirmation of respect for how the meaning is implicated in their mothering.

Mothering and Nursing Education

Mothering is frequently a prominent topic in nursing curricula, predominantly from the perspective of caring for the pregnant, laboring, and breastfeeding mother. Adolescent mothering is presented as a challenge to care of the mother since the teen mother is seen as a challenge in mothering and perhaps, the most significantly diverse mother experience.

With a trend towards delayed mothering that may rival adolescent mothering in relation to numbers alone, there is a need to reconsider the emphasis on adolescent

mothering in nursing curricula and to consider whether older mothers also constitute a unique, diverse mothering experience. This consideration needs to move beyond the fetal and maternal ill effects of delayed mothering, as such consideration perpetuates the notion of the older mother as a condition and deviation, a notion that is may be later translated into nursing practice that ignores compassion and respect for the decision that the mother has made.

Mothering must also be presented within the context of a larger continuum, with content directed towards the activities and concerns that mothers have, whether their children are ill or healthy, in mothering children across the lifespan. Content, for example, often focuses on appropriate play activities for the developmental stage of the child, but rarely engages the nursing student in how the mother might play with the 5 year-old in an age appropriate way. Mothering needs to be presented as a resource or as project for life, which demands that we move away from the concept that it is an episode, and a narrow episode of care at that, with which nursing practitioners intersect. This approach demands a conceptualization of nursing and health that crosses boundaries of health and disease and that removes walls between the institution and the community.

Mothering and Research

Considering the trends towards delayed mothering and the interest in delayed mothering and parenting and the state of research in this area, the potential for the conception and birth of further research in this area is tremendous. Several questions emerge from this study emerge that are worthy of further investigation.

Is fatigue an enduring quality for all mothers? The tendency of current studies has been to explore only the period immediately following birth; extending this period to include mothers of older children and at different phases in the mothering lifeworld might yield significant information about mother fatigue and when it is most prevalent, among which age groups of mothers, and what consequences arise in mothering because of fatigue.

What is the nature of mother conversations? What do mothers talk about and how do conversations vary with age of the mother and age of the children? What is the meaning given to mother conversations in mothering decisions?

What impact does becoming a mother have on conversations and social connections at work? Work related studies currently focus on the importance of flexible career laddering, reduced workweeks and work hours, and re-entry strategies for mothers, but how does the social environment support or inhibit mother comfort? This may be of particular interest in considering older mothering, since as Hewlett (2002) suggests, many older mothers have invested a great deal of time and social interaction in work situations and may be solidly established in careers. Understanding how to support these high-achieving mothers after becoming a mother may be more than the work conditions commonly highlighted in work such as that by Hewlett.

How does the play with children differ from age group to age group of mothers? What influences how mothers play with their children? This question assumes that child's play is more than child's play and that play, as the older mothers in this study suggest, is mothering.

How do being older and a mother affect decisions about lifestyle? What measurable lifestyle changes occur because of the perception of the simultaneity of nearer death and child responsibilities?

How does perceived age affect decisions about lifestyle? Is embodied age a more significant factor in what we choose to do than biological age?

How does the experience of mothering differ for the mother who has had a child early in life and then has a child at mid-life? What is the influence of social labeling on what we do as mothers?

How does social support differ through the various phases of mothering? Are there differences in who and what younger mothers perceive as sources of social support and in who and what older mothers perceive as sources of social support in the various phases?

What is the experience of older first time fathers? While the consideration of this study is firmly that of mothers, there may be a similar need to explore the experience of fathers, who are sometimes overlooked in discussions of children and parenting because as Margaret Mead (1901-1978), once described them, fathers are seen as "biological necessities, but social accidents" (p. 2).

Mothering Theses

For the older mother, decision making around becoming a mother and the being and the doing of mothering, occupies time and space (*lived time and lived space*) in a way that older mothers see as different from younger mothers.

Decisions are thoughtful, reflective, deliberative, and nonintuitive; the risk taking of adolescence and young adults does not characterize the phenomena

of older mother first time mothering. Choosing is integral to older mothering; choices involve the careful consideration of what is given up and what is enabled, which Parse (1981) suggests is cognizance of being and non-being, or the co-existence of life and death. The holding and nurturing space of the child is carefully evaluated and considered before and after pregnancy and decisions reflect a deep consideration of whether there is space for a child in the life of the mother and how well the space is constituted and sustained through her experience and commitment. There is a need to get-it-right and little is left to chance opportunity. The latter raises concern about what happens when the child does not fit with the constituted structure of child that the older mother develops and also, the pressure that the older mother experiences because she is *old enough to know.*

Time is experienced as treasure by the older mother (*lived time*) in which she can fully experience the fruit of her womb bed, but it is also experienced as limited.

The older mother is aware of her mortality and worries for her child if she confronts death prematurely. She constructs time within a broader continuum so that the everyday events of childbearing and childrearing are perceived within a movement toward and away from freedom. Experience and maturity bring to older mothering a perspective of time that is patient and ethical; time is valued and thoughtfully allocated in decisions around childrearing and childbearing.

Older mothers do not see themselves as embodied old (*lived corporeality*). The perception of older occurs initially through the eyes of the medical community and pushes at disconnection between mother and fetus.

> The next encounter with older is on the playground and in the kindergarten, in encounters with younger mothers. Older is relational and social (lived relationality); it is not biological or medical, and hence studies that focus on the mother who is becoming or who is in the stages of early mothering do not go far enough. Relational and social older is the experience of mothers who are beginning to move away from the initial romance with the infant and into the community, where they encounter other mothers.

Older mothers are tired (*lived corporeality*).

> Perhaps it is the intersection of menopause and mothering, or perhaps it simply that honesty that comes with age (Gilligan, 1982) and with it, an open acknowledgement that mothering is fatiguing work. Regardless of its roots, older mothers express a fatigue that lasts beyond early mothering.

Older mothering involves changing relationships and isolation (*lived relationality*).

> Mothers are in relationships with their children, their mothers, their friends, and their significant others. Play, though rarely mentioned in studies on mothering (is child's play only *child's play*?), is a significant interaction for older mothers, perhaps because of their intense thoughtfulness about any decisions related to childrearing, and perhaps because it is difficult for them to get into the mind of the child. Play is dialogue and conversation; it is about pushing the swing but not about going down the slide.

Friends and mothers are significant participants in conversations about mothering (*lived relationality*).

> Older mothers find it difficult to sustain and, sometimes find meaningful mothering relationships because their interests in childrearing and childbearing put them out-of-step and out-of-time with women in their own age group whose children are either grown or nearly grown. Work conversations become difficult as the older mother recognizes that work colleagues do not share her passionate interest in her young child. Younger women are uncertain of what to expect from the older mother; does she know more or the same? Younger women become a mother network for the older mother if the ages of the children are similar; concerns around children become a starting point in conversations. For some older mothers, the conversations are started but have difficulty in continuing because the older mother is reluctant to share worries and anxieties about her childrearing.

Older mothers experience their relationships with their mothers as significant in their own mothering (*lived relationality*), either as sources of affirmation, advice, or support, a finding that was perhaps unanticipated, simply because women at mid-life have long achieved separation or individuation from their mothers (Lieblich, 1988).

> For some, being older gives the confidence and permission to be open with their mothers about their values and ideas for mothering, an openness that may not have come earlier in their lives.

The experience of being an older first time mother is a complex unity of becoming, being, and co-creation that includes the experiences and meaning of pregnancy, early mothering, later mothering, and relationships (*the intricate unity*).

> Although I had anticipated that the mothers might focus on mothering-after-child, the conversations invariably included life-before-child, pregnancy, life after birth, and life with the preschool or school-aged child. For the older mother, older mothering was not an episode of before or after, but rather an ongoing and intersubjective process of experience and meaning.

Reflections

In coming to the end of this study, questions are opened, partially because of the journey that has been taken and the stories shared, and partially because of surprises and stories not shared. I was deeply moved by the stories that the mothers shared and their willingness to share them. I was surprised by how older first time mothering was defined and the ways in which the meaning of mothering was extended by the mothers. Play, mortality, and the importance of the mothers' mothers to their mothering were significant ruptures in the meanings that I ascribed to older mothering. I was also intrigued by the breadth of the older mothering experience that emerged, some of which overlaps with previous studies, but some of which goes beyond what has been previously articulated. I am cognizant that how our experience is constituted through social, political, cultural, and political contexts affects meaning and the what *is*, which is reflected in the predominantly phenomenological perspective of this study. These influences have continuously also sought to constitute the *should be* of mothering.

In reflecting at the end of the study, there are questions I wished I had asked. *Tell me more about your conversations. How is your conversation with your friend different from that with your husband? How do grandmothers look?* With further studies, these are questions that might be asked and explored.

The Question Opened

Jardine (1994) explains that phenomenological reduction does not actually take us anywhere; it leaves us right in the middle of things. Then, might you ask, why do phenomenology?

As Parse (1981) offers, reality is always co-created in dynamic interaction between others and our environment; phenomenology offers an understanding of reality that is co-created with others and reflects a response to a question that has fully addressed us. Van Manen (2001) says that presenting research through reflective text is "not to present findings, but to do a reading (as poet would) of a text that shows what it teaches. One must meet with it, go through it, encounter it, consume it, and as well, be consumed by it" (p. 152). It is my hope that through the text of the older mothers, you will have the opportunity that I have experienced, to find meaning in older mothering through their experiences, and to bring to your reading, further questions that have been opened for you as well as a deeper understanding of older, mothering, and older mothering.

> *I've got major hormonal surges going on here and add the howling earth mother to it and don't even go there.... Hannah's my greatest fear and my greatest inspiration. I've got this whole dichotomy, just 6 pounds and 13*

ounces worth, dropped into my life and life has just not been the same. I hate roller coaster rides and I can almost go on one. (Theresa)

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Appendix A

Information Sheet for Participants

UNIVERSITY OF ALBERTA

Information Sheet for Participants

Dear

This letter will share with you further details of my study. The study is titled *The Lived Experience of Being an Older First Time Mother.*

The study will explore what it is like to be older and to be a mother for the first time. As an older first time mother and nurse, the topic is of keen interest to me. The aim of the study is to gain insight into the experience of being an older first time mother. This will help nurses to understand what it is like to be an older mother. This knowledge could help nurses to support and counsel older mothers more fully and sensitively.

You are being asked to participate in the study as an older first time mother who has a child three years of age or older. I will ask you to meet with me for two conversations of about ninety minutes each. These conversations will be at a time and in a place that is comfortable for you. I will ask you open questions such as "What does it mean to be an older mother?" "With whom do you share your concerns? Your stories?" While I have questions to guide the conversations, you may answer as broadly as you wish. The questions are only used to guide the study and not to set limits on what you wish to share. You will also be asked some general questions about yourself such as age and marital status.

You may choose not to participate in the study. If you do participate, you may refuse to answer any questions and you do not need to tell me why. You may pull out of the study at any time.

The conversations will be tape recorded and transcribed. Tapes and transcripts will be kept in a secure place for at least seven years and will only be reviewed by the research team.. You will be given your transcript to read so that you can clarify or change what you have said and so that you can give approval for the use of what you have said in the published study. All information will be confidential unless professional codes of ethics or legislation require reporting. If specific information that you have shared is published in the study, your name will be changed to protect confidentiality.

If you participate in the study, sharing your experience may help you to gain further personal insight into your own experiences. I do not anticipate risks for taking part in the study.

I am a doctoral student in the Faculty of Nursing, University of Alberta. I will carry out the study. If you would like more information about something mentioned here or more information not included here, please call me at (home). You may also contact my supervisor, Dr. Vangie Bergum, Associate Dean of Research in the Faculty of Nursing, University of Alberta.

Thank you for your interest in being part of the study.

Sincerely

Joyce Engel
Principal Investigator

Appendix B

Consent Form

UNIVERSITY OF ALBERTA

Consent Form

Part 1 (to be completed by the Principal Investigator)	
Title of Project	The lived experience of older first time mothers
Principal Investigator	Joyce Engel, RN, Med, PhD Student University of Alberta
Co-Investigator	Dr. Vangie Bergum, RN, PhD John Dossiter Bioethics Center, University of Alberta Phone:
Contact	Dr. Jan Landers, PhD, Associate Dean, Research Faculty of Nursing, University of Alberta Phone:

Part 2 (to be completed by the research subject)

Do you understand that you have been asked to be in a research study? Yes No

Have you read and received a copy of the attached Information Sheet? Yes No

Do you understand the benefits and risks involved in taking part in this research study? Yes No

Have you had opportunity to ask questions and to discuss this study? Yes No

Do you understand that you are free to refuse participation or to withdraw from the study at any time? You do not have to give a reason to refuse participation or to withdraw. Yes No

Has the issue of confidentiality been explained to you? Do you understand who will have access to the information that you share while involved in the study? Yes No

This study was explained to me by _____

I agree to take part in this study.

_____ _____ _____

Signature of Research Participant Date Witness

_____ _____

Printed Name Printed Name

I believe that the person signing this form understands what is involved in the study and voluntarily agrees to participate.

_____ _____

Signature of Investigator Date